

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # N04000002441

1. Entity Name

FATHER'S HAND MINISTRIES, INC.



Principal Place of Business

62 N 72ND AVE
PENSACOLA, FL 32506

Mailing Address

62 N 72ND AVE
PENSACOLA, FL 32506

DO NOT WRITE IN THIS SPACE



02142007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

27-0797612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, TONY G
62 N 72ND AVE
PENSACOLA, FL 32506

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000639016
02/28/07-80009-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, TONY G
STREET ADDRESS 62 N 72ND AVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE TD
NAME WARD, CARLA J
STREET ADDRESS 62 W 72ND AVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE D
NAME MAGNASCO, THELMA L
STREET ADDRESS 62 N 72ND AVE
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CARLA J. WARD 2/14/07 850 453 5722