

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90024 006 \*\*\*\*61.25

**DOCUMENT # N04000002441**

1. Entity Name

FATHER'S HAND MINISTRIES, INC.

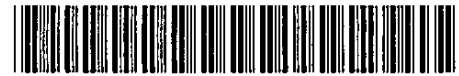


Principal Place of Business

62 N 72ND AVE  
PENSACOLA FL 32506

Mailing Address

62 N 72ND AVE  
PENSACOLA FL 32506



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-0797612  
27-0797612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete            |
| NAME           | WARD, TONY G       |                                            |
| STREET ADDRESS | 62 N 72ND AVE      |                                            |
| CITY- ST- ZIP  | PENSACOLA FL 32506 |                                            |
| TITLE          | TD                 | <input type="checkbox"/> Delete            |
| NAME           | WARD, CARLA J      |                                            |
| STREET ADDRESS | 62 W 72ND AVE      |                                            |
| CITY- ST- ZIP  | PENSACOLA FL 32506 |                                            |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | MAGNASCO, THELMA L |                                            |
| STREET ADDRESS | 62 N 72ND AVE      |                                            |
| CITY- ST- ZIP  | PENSACOLA FL 32506 |                                            |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |                                            |
| STREET ADDRESS |                    |                                            |
| CITY- ST- ZIP  |                    |                                            |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |                                            |
| STREET ADDRESS |                    |                                            |
| CITY- ST- ZIP  |                    |                                            |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |                                            |
| STREET ADDRESS |                    |                                            |
| CITY- ST- ZIP  |                    |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY- ST- ZIP  |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY- ST- ZIP  |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY- ST- ZIP  |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY- ST- ZIP  |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY- ST- ZIP  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Carla J Ward*

CARLA J WARD

3/6/08

850 221 7666