



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90037 017 *****75.00

DOCUMENT # N04000003898 1. Entity Name HAND'S MINISTRY OF GOD, INC.					
Principal Place of Business 12546 NW 7 AVE. MIAMI, FL 33167				Mailing Address 9816 NE 2ND AVE. MIAMI, FL 33138	
2. Principal Place of Business 12546 NW 7 AVE		3. Mailing Address 9816 NE 2ND AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05102005 Chg-NP CR2E037 (10/03)	
City & State MIAMI FL		City & State MIAMI, FL		4. FEI Number 59-3802876	
Zip 33167		Country MIAMI DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33138		Country MIAMI DADE		6. Name and Address of Current Registered Agent	
ST. JUSTE, RAPHAEL 537 NW 10 ST. FLORIDA CITY, FL 33034				7. Name and Address of New Registered Agent Name ST. JUSTE RAPHAEL ST-JUSTE Street Address (P.O. Box Number is Not Acceptable) 562 N. Wickham Rd Melbourne City MELBOURNE FL Zip Code 32935	
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 <u>Raphael St-Juste</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>6/12/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESENT, WILFRID 826 E. MOWRY DR. #1314 HOMESTEAD, FL 33030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERSILUS, EMMANUEL 745 SW 5TH ST. DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, ST-FORT 11735 NW 3RD AVE. MIAMI, FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSEPH, FREDNA 9816 NE 2ND AVE. MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERILUS, CLEBERT 14305 NE 8 AVE. MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILNER ETIENNE D 5900 SW 26 Terr, Hollywood FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X</u> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>6/13/05</u> Daytime Phone # <u>786-2349761</u>	