2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003898

WILNER, ETIENNE

5900 SW 26 TERR

HOLLYWOOD, FL 33023

Name:

Address:

City-St-Zip:

Entity Name: HAND'S MINISTRY OF GOD, INC.

FILED May 01, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
12546 NW MIAMI, FL				
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
9816 NE 2 MIAMI, FL				
In accordan	: 59-3802876 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation di	id not receive the prior notice.	Certificate of Status Desired ()	
Name and	l Address of Current Registered Agent	: Name and Address o	f New Registered Agent:	
562 N WIC	E, RAPHAEL CKHAM RD RNE, FL 32935 US			
	e named entity submits this statement for t e of Florida.	he purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete PRESENT, WILFRID 826 E. MOWRY DR. #1314 HOMESTEAD, FL 33030	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete MERSILUS, EMMANUEL 745 SW 5TH ST. DANIA, FL 33004	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete JOSEPH, ST-FORT 11735 NW 3RD AVE. MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete JOSEPH, FREDNA 9816 NE 2ND AVE. MIAMI, FL 33138	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILFRID PRESENT P 05/01/2006