2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007091

City-St-Zip:

PACE, FL 32571

FILED Apr 24, 2008 Secretary of State

Entity Name: HIS HANDS OUTREACH, INC. **Current Principal Place of Business: New Principal Place of Business:** 4888 LA CASA CIRCLE PACE, FL 32571 **Current Mailing Address: New Mailing Address:** 4888 LA CASA CIRCLE PACE, FL 32571 FEI Number: 90-0183256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAGNON, NORMAN 4888 LA CASA CIRCLE PACE, FL 32571 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BIZZELL, LORI M Name: Name: Address: 1209 TIFFANY DR Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GAGNON, NORMAN Name: Address: 4888 LA CASA CIRCLE Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: () Delete Title: () Change () Addition GAGNON, LAURA Name: Name: 4888 LA CASA CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: NORMAN GAGNON DIR 04/24/2008