

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002956

FILED
Jul 20, 2009
Secretary of State

Entity Name: THE HAND'S OF JESUS MINISTRIES, INC.

Current Principal Place of Business:

743 HEINEMAN ST.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

743 HEINEMAN ST.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 81-0667366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CROOMS, HOSEA
743 HEINEMAN ST.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HALL, GREG
Address: 730 HEINEMAN
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PS () Delete
Name: CROOMS, HOSEA FRANKLIN
Address: 743 HEINEMAN ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BRELAND, WARREN
Address: 767 FLAMINGO DR.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: STEWART, ANDREW JR.
Address: 538 JANICE AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HOSEA CROOMS

PD

07/20/2009

Electronic Signature of Signing Officer or Director

Date