

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003765

1. Entity Name
EXTENDING HANDS FOR CHRIST OUTREACH
MINISTRIES, INC.



Principal Place of Business
643 W SOUTH ST
ORLANDO, FL 32805

Mailing Address
643 W SOUTH ST
ORLANDO, FL 32805

FILED
08 SEP 29 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2062593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, KENNETH E
4014 BERLIN CT
ORLANDO, FL 32822

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees 100136518221
01/08--01019--013 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONES, BRENDA K
STREET ADDRESS 4041 BERLIN ST
CITY-ST-ZIP ORLANDO, FL 32822

TITLE VPD
NAME KENNETH EARL JONES
STREET ADDRESS 4014 BERLIN CT
CITY-ST-ZIP ORLANDO, FL 32822

TITLE STD
NAME MCKINZY, LATOSHA R
STREET ADDRESS 7501 FT DESOTO ST #1203
CITY-ST-ZIP ORLANDO, FL 32822

TITLE D
NAME ROCHE, MARIA A
STREET ADDRESS 635 W. SOUTH ST
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D
NAME PARKS-DAVID
STREET ADDRESS 635 W. SOUTH ST.
CITY-ST-ZIP ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kenneth E. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/08 407-952-4135
Date Daytime Phone #

9/29/08