## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## May 16, 2007 8:00 am Secretary of State DOCUMENT # N06000012424 04-25-2007 90211 001 \*\*\*\*61.25 04-25-2007 90211 002 \*\*\*\*\*8.75 GOD'S HANDS ON THE MISSION TO LIBERIA, INC. Principal Place of Business Mailing Address 6327 LAKE PLANTATION DRIVE 6327 LAKE PLANTATION DRIVE JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #. etc. 04222007 Chg-NP CR2E037 (12/06) Applied For City & State City & State FEI Number 20-807600 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUITKOWSKI, FRANK Street Address (P.O. Box Number is Not Acceptable) 425 QUEEN ANNE COURT ST. AUGUSTINE, FL 32092 City Zip Code 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 Signature, typed or printed name of regulared agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME SCOTT, OTHELLO O NAME STREET ADDRESS 6327 LAKE PLANTATION DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP ☐ Change Delete TITLE Addition ELEM, DEBORAH NAME STREET ADDRESS 12363 N. BRIGHTON BAY TRIAL STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP s TITLE TITLE ☐ Chance ■ Addition ☐ Delete NAME SCOTT, JEROME A !! NAME 6327 LAKE PLANTATION DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE Change Addition ☐ Delete SCOTT, RENESHAM NAME NAME STREET ADDRESS **6327 LAKE PLANTATION DRIVE** STREET ADDRESS JACKSONVILLE, FL 32244 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Add:tion TITLE Delete Change | NAME KERMUE, JOHN NAME STREET ADDRESS 1322 12TH STREET, NW STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-ZIP TITLE TITLE Delete Change Addition NAME KAMANO, FATU S STREET ADDRESS 3613 EDWARD STREEET STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this tilling 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 addition, with a production of the corporation of the corporation of the corporation of the receiver of 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

CITY-ST-70P

4-23-07

SPRINGDALE, MD 20774

CITY-ST-ZIP

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/25/2007-90211-001-\$61.25-\$61.25 \* 4/25/2007-90211-002-\$8.75-\$8.75

DOCUMENT # N06000012424  1. Entity Name GOD'S HANDS ON THE MISSION TO LIBERIA, INC.				ATTACHMENT			
6327 LAKE 1	e al Business Plantation Drive Le, Fl. 32244	Mailing Address 6327 LAKE PLANTATIO JACKSONVILLE, FL 322		66015151			
l. Principal P	face of Business - No P.O. Box #	3. Mailing Address		_			
Suite, Apt. #, atc.		Suite, Apt. #, etc.	Suite, Apt. 1, etc.		04222007 Chg-NP CR2E037 (12/06)		
City & Stat	ie .	City & State	·····	4. FEI Number 20-8076	6001	Applied For Not Applicat	
Zip	Country	Zip	Country	5. Certificate of Status D.	\$8.75	Additional ared	
	8. Name and Address of Current Reg	latered Agent		7. Name and Address o	f New Registered Agent		
CHITKOW	CVI EDANIV		Name			•	
425 QUEE	SKI, FRANK IN ANNE COURT STINE, FL 32092		Street Address	(P.O. Box Number is Not Acceptable)			
			City		FL Zip C	ode	
the obligat	ions of registered agent.			<del> </del>	- NAW		
_	Signature, hyped or product harmonic registered agent and the Filling Fee is \$61.25  Dure by May 1, 2007		. Registered Agent signature requirements in particular in a contribution.	\$5.00 May Bo Added to Fees	DATE  Nake check payable  Florida Department of		
SIGNATURE	Signature, hiped or priviled name of registered agent and h Filling Fee is \$61.25	Election Cam     Trust Fund C	npaign Financing	\$5.00 May Bo Added to Fees	Make check payable	State	
_	Signature, typed or product name of registered agent and the Fülling Fee is \$61.25 Duro by May 1, 2007	Election Cam     Trust Fund C	npaign Financing contribution.	\$5.00 May Bo Added to Fees	Make check payable Florida Department of	State IN 10	
O.  FILE LAME TITLET ADDRESS STY-SI-ZIP TILE LAME TITLET ADDRESS	Signitus, hipsel or probable name of registered open and in Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIRECT P SCOTT, OTHELLO O 6327 LAKE PLANTATION DRIVE JACKSONVILLE, FL 32244 V ELEM, DEBORAH 12363 N. BRIGHTON BAY TRIAL	Election Carr     Trust Fund C TORS	npaign Financing ontribution.	\$5.00 May Bo Added to Fees	Make check payable Florida Department of OFFICERS AND DIRECTORS	State	
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of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my mame appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

<u>683-4958</u>