


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

04-25-2007 90211 001 ****61.25
 04-25-2007 90211 002 *****8.75

DOCUMENT # N06000012424

1. Entity Name
GOD'S HANDS ON THE MISSION TO LIBERIA, INC.



Principal Place of Business
**6327 LAKE PLANTATION DRIVE
 JACKSONVILLE, FL 32244**

Mailing Address
**6327 LAKE PLANTATION DRIVE
 JACKSONVILLE, FL 32244**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04222007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8076001

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KUITKOWSKI, FRANK
 425 QUEEN ANNE COURT
 ST. AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, OTHELLO O 6327 LAKE PLANTATION DRIVE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELEM, DEBORAH 12363 N. BRIGHTON BAY TRIAL JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, JEROME A II 6327 LAKE PLANTATION DRIVE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, RENESHA M 6327 LAKE PLANTATION DRIVE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERMUE, JOHN 1322 12TH STREET, NW JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMANO, FATU S 3613 EDWARD STREEET SPRINGDALE, MD 20774	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition


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: O. O. Scott **Othello O. Scott President** 4-23-07 683-4958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.



Principal Place of Business
**6327 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244**

Mailing Address
**6327 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244**

ATTACHMENT

66015151

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04222007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-8076001

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**KUITKOWSKI, FRANK
425 QUEEN ANNE COURT
ST. AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when renouncing)

Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing True Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, OTHELLO O	
STREET ADDRESS	6327 LAKE PLANTATION DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	V	<input type="checkbox"/> Delete
NAME	ELEM, DEBORAH	
STREET ADDRESS	12363 N. BRIGHTON BAY TRIAL	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCOTT, JEROME A II	
STREET ADDRESS	6327 LAKE PLANTATION DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCOTT, RENESHA M	
STREET ADDRESS	6327 LAKE PLANTATION DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERMUE, JOHN	
STREET ADDRESS	1322 12TH STREET, NW	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMANO, FATU S	
STREET ADDRESS	3613 EDWARD STREEET	
CITY-ST-ZIP	SPRINGDALE, MD 20774	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Othello O. Scott* Date: *4-23-07* Daytime Phone #: *683-4958*