

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012424

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

6327 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6327 LAKE PLANTATION DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-8076001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUITKOWSKI, FRANK
425 QUEEN ANNE COURT
ST. AUGUSTINE, FL 32092 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: KERMUE, JOHN Y
Address: 1322 12TH STREET NW
City-St-Zip: CANTON, OH 44703

Title: V () Delete
Name: ELEM, DEBORAH
Address: 12363 N. BRIGHTON BAY TRIAL
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: SCOTT, JEROME A II
Address: 6327 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: SCOTT, RENESHA M
Address: 6327 LAKE PLANTATION DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: KAMANO, FATU S
Address: 3613 EDWARD STREEET
City-St-Zip: SPRINGDALE, MD 20774

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:

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: JEROME A. SCOTT, II

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01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date