

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013025

FILED  
Jul 30, 2007  
Secretary of State

**Entity Name:** HANDS FOR THE HARVEST MINISTRIES, INC.

**Current Principal Place of Business:**

4 MISTY LAUREL CIRCLE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

4 MISTY LAUREL CIRCLE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 20-8126628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

LUCENA, JOHN  
4 MISTY LAUREL CIRCLE  
BOYNTON BEACH, FL 33436      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: P      ( ) Delete  
Name: LUCENA, JOHN M  
Address: 4 MISTY LAUREL CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP      ( ) Delete  
Name: ALENCAR, DAYAN R  
Address: 5371 CLEVELAND RD.  
City-St-Zip: DELRAY BEACH, FL 33484

Title: SEC      ( ) Delete  
Name: COSTA, DANIEL M  
Address: 15175 HAYES ROAD  
City-St-Zip: DELRAY BEACH, FL 33484

**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:

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: JOHN LUCENA

P

07/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date