

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006246

FILED
May 01, 2008
Secretary of State

Entity Name: INTERNATIONAL HANDS FOR CHRIST, INC.

Current Principal Place of Business:

5711 NW ZENITH DR
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880935
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 20-8519091 **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:

MCINTOSH, HEATHER
5711 NW ZENITH DR
PORT ST. LUCIE, FL 34986 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: MCINTOSH, PATRICK
Address: 5711 NW ZENITH DR
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: FERGUSON, SUSANNE
Address: 3257 SE QUAY ST.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP () Delete
Name: THOMPSON, KESTER
Address: 3131 SW HICKENLOOPER ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: SEC () Delete
Name: THOMPSON, ABIGAIL
Address: 389 SE WHITMORE DR
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: TRE () Delete
Name: LAZARUS, VALINDA
Address: 6446 NW HOPE CT.
City-St-Zip: PORT ST. LUCIE, FL 34986

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: KESTER THOMPSON

VP

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date