2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N08000010501

Entity Name: JUST HANDS YOUTH MISSION, INC.

Current Principal Place of Business:

3845 PINE CONE RD.
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

3845 PINE CONE RD.
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 26-3899157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARWIXK, THOMAS P
3845 PINE CONE RD.
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

WARWICK, THOMAS P
3845 PINE CONE RD.
MELBOURNE, FL 32934 US

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: THOMAS P WARWICK 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WARWICK, THOMAS P
Address: 3845 PINE CONE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: WARWICK, BARBARA
Address: 3845 PINE CONE RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: GOTSHALL, KATHRYN
Address: 1882 PLANTATION CIRCLE SE
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: SPENCE, MATTHEW
Address: C/O 2950 N HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D ( ) Change (X) Addition
Name: OTT, BRYAN REV
Address: C/O 155 E SR 207
City-St-Zip: ST AUGUSTINE, FL 32084

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: THOMAS P WARWICK D 01/06/2009
Electronic Signature of Signing Officer or Director Date