

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010607

FILED  
Mar 25, 2010  
Secretary of State

**Entity Name:** OPEN HANDS MINISTRY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2907 WILDPEPPER AVE.  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

2907 WILDPEPPER AVE.  
DELTONA, FL 32725 US

**New Mailing Address:**

**FEI Number:** 27-1238247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, GEORGE  
2907 WILDPEPPER AVE.  
DELTONA, FL 32725 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  
Name: LOPEZ, GEORGE  
Address: 2907 WILDPEPPER AVE.  
City-St-Zip: DELTONA, FL 32725 US

Title: VP  
Name: LOPEZ, MARGARITA  
Address: 2907 WILDPEPPER AVE.  
City-St-Zip: DELTONA, FL 32725 US

Title: T  
Name: POWELL, BRIAN  
Address: 3152 WOODROSE WAY  
City-St-Zip: DELTONA, FL 32725 US

Title: T  
Name: CUADRADO, JOSE D  
Address: 450 LANCASTER AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: S  
Name: RUIZ, SANTIAGO A  
Address: 1179 ELCKAM BLVD.  
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

**SIGNATURE:** GEORGE LOPEZ

P

03/25/2010

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

\_\_\_\_\_  
Date