

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37754 (1)

1. Corporation Name

OPEN HAND OUTREACH MINISTRY, INC.

Principal Place of Business

Home Address

P.O. BOX 448
MIMS FL 32754

P.O. BOX 448
MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1990	04/27/1994
4. ID Number	Applied For Not Applicable
59-3029893	
5. Certificate of Status Issued	☒ \$8.75 Additional Fee Required
6. Fee for Additional Information Not Applicable	☐ \$5.00 May Be Added to Fees
7. Payment with this Report	\$61.25 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for information fee under Fla. Stat. § Florida Statute	☒ Yes ☐ No

2. Principal Place of Business	2a. Home Address
21. State	26. State
22. City	27. City
23. Mims, Florida	28. Mims, Florida
24. 32754	25. 32754
29. 32754	30. 32754

9. Name and Address of Current Registered Agent

SEIGLER, LUCY MAE
2777 ASH TERRACE
MIMS FL 32754

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Agent Address, if Different from Registered Agent Address	
83. City	
84. State	FL

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation, partnership, or other entity, for the purpose of having its registered office established in the State of Florida, has complied with the provisions of the Florida Statutes, and that the corporation, partnership, or other entity, is a corporation, partnership, or other entity, as defined in the Florida Statutes, and that the undersigned is a resident of the State of Florida.

12. Signature

13. Signature

12. Signature	13. Signature
PTD SEIGLER, LUCY MAE 2777 ASH TERR. MIMS FL	
CMD CAMPBELL, LLOYD G. 580 HANOVER DR. TITUSVILLE FL	
D BELL, WILLIE, MAE 2785 WEST HICKORY CIRCLE MIMS FL	
SD MOORE, JOANN E. 3579 RIDGEWAY AVE. MIMS FL	
D THOMAS, CATHY 3205 DARYL TERRACE TITUSVILLE FL	
VD REED, ISABELL E. 880 EVERGREEN PLACE ROCKLEDGE FL	

14. I, the undersigned, do hereby certify that the information supplied with the foregoing statement, form and report, and the information supplied for the corporation, partnership, or other entity, is true and correct, and that the corporation, partnership, or other entity, is a corporation, partnership, or other entity, as defined in the Florida Statutes, and that the undersigned is a resident of the State of Florida.

SIGNATURE: *Lucy Mae Seigler* *April 21, 1995* 267-2748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR