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Apr 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37754 (1)

1. Corporation Name

OPEN HAND OUTREACH MINISTRY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 448
MIMS FL 32754

P.O. BOX 448
MIMS FL 32754-0448



3. Date Incorporated or Qualified
04/18/1990

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3029893

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEIGLER, LUCY MAE
2777 ASH TERRACE
MIMS FL 32754

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LUCY MAE SEIGLER

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Lucy Mae Seigler April 8, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME SEIGLER, LUCY MAE
STREET ADDRESS 2777 ASH TERR.
CITY-ST-ZIP MIMS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CMD ☒ DELETE
NAME CAMPBELL, LLOYD G.
STREET ADDRESS 580 HANOVER DR.
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME CMD
2.3 STREET ADDRESS WARREN, JAMES
2.4 CITY-ST-ZIP 125 W. TOWNE PLACE
TITUSVILLE, FL 32780

TITLE D ☐ DELETE
NAME BELL, WILLIE, MAE
STREET ADDRESS 2785 WEST HICKORY CIRCLE
CITY-ST-ZIP MIMS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME MOORE, JOANN E.
STREET ADDRESS 3579 RIDGEWAY AVE.
CITY-ST-ZIP MIMS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD
4.3 STREET ADDRESS MOORE, JOANN E.
4.4 CITY-ST-ZIP 3579 RIDGEWAY AVE.
MIMS, FL 32754

TITLE D ☐ DELETE
NAME ROBINSON, ANNIE O.
STREET ADDRESS 2173 NIBLICK CT.
CITY-ST-ZIP TITUSVILLE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME WARREN, JAMES
STREET ADDRESS 125 W. TOWNE PLACE
CITY-ST-ZIP TITUSVILLE FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME SD
6.3 STREET ADDRESS MONTGOMERY, DELORES
6.4 CITY-ST-ZIP 2833 EAST HICKORY
MIMS, FL 32754

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE Lucy Mae Seigler April 8, 1997 1-407 263 2710

CR2E037 (9/96)