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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37754**

1. Corporation Name

**OPEN HAND OUTREACH MINISTRY, INC.**

Principal Place of Business

P.O. BOX 448  
MIMS FL 32754  
US

Mailing Address

P.O. BOX 448  
MIMS FL 32754  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

04/18/1990

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SEIGLER, LUCY MAE

STREET ADDRESS 2777 ASH TERR.

CITY-ST-ZIP MIMS FL

TITLE CMD ☐ DELETE

NAME WARREN, JAMES

STREET ADDRESS 125 W. TOWNE PLACE

CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE

NAME BELL, WILLIE, MAE

STREET ADDRESS 2785 WEST HICKORY CIRCLE

CITY-ST-ZIP MIMS FL

TITLE VD ☐ DELETE

NAME MOORE, JOANN E

STREET ADDRESS 3579 RIDGEWAY AVE.

CITY-ST-ZIP MIMS FL

TITLE D ☐ DELETE

NAME ROBINSON, ANNIE O.

STREET ADDRESS 2173 NIBLICK CT.

CITY-ST-ZIP TITUSVILLE FL

TITLE SD ☐ DELETE

NAME MONTGOMERY, DELORES

STREET ADDRESS 2833 EAST HICKORY

CITY-ST-ZIP MIMS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lucy Mae Seigler* April 13/1999 267-2748  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/198)