


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N37754 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEIGLER, LUCY MAE 2777 ASH TERRACE MIMS FL 32754			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIGLER, LUCY MAE		NAME		
STREET ADDRESS	2777 ASH TERR.		STREET ADDRESS		
CITY - ST - ZIP	MIMS FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				
TITLE	CMD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, JAMES		NAME		
STREET ADDRESS	125 W. TOWNE PLACE		STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, WILLIE, MAE		NAME		
STREET ADDRESS	2785 WEST HICKORY CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	MIMS FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, JOANN E		NAME		
STREET ADDRESS	3579 RIDGEWAY AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIMS FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, ANNIE O.		NAME		
STREET ADDRESS	2173 NIBLICK CT.		STREET ADDRESS		
CITY - ST - ZIP	TITUSVILLE FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTGOMERY, DELORES		NAME		
STREET ADDRESS	2833 EAST HICKORY		STREET ADDRESS		
CITY - ST - ZIP	MIMS FL		CITY - ST - ZIP		
	<input type="checkbox"/> Delete				



MOORE CR2E037 (11/03)

4. FEI Number **59-3029893** Applied For ☐ Not Applicable ☒

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SEIGLER, LUCY MAE	
STREET ADDRESS	2777 ASH TERR.	
CITY - ST - ZIP	MIMS FL	
		<input type="checkbox"/> Delete
TITLE	CMD	<input type="checkbox"/> Delete
NAME	WARREN, JAMES	
STREET ADDRESS	125 W. TOWNE PLACE	
CITY - ST - ZIP	TITUSVILLE FL	
		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, WILLIE, MAE	
STREET ADDRESS	2785 WEST HICKORY CIRCLE	
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		<input type="checkbox"/> Delete
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, DELORES	
STREET ADDRESS	2833 EAST HICKORY	
CITY - ST - ZIP	MIMS FL	
		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucy Mae Seigler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 2004

DATE Daytime Phone #