


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 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	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3029893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEIGLER, LUCY MAE 2777 ASH TERRACE MIMS FL 32754	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PTD	<input type="checkbox"/> Delete		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			
TITLE	CMD	<input type="checkbox"/> Delete		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			
TITLE	D	<input type="checkbox"/> Delete		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			
TITLE	VD	<input type="checkbox"/> Delete		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			
TITLE	D	<input type="checkbox"/> Delete		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			
TITLE	SD	<input type="checkbox"/> Delete		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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* April 19, 2006 1-321 267-2748