

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3029893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

FL

Zip Code

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

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

(NOTE: Registered Agent Signature is not required with re-statuting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	WARREN, JAMES	
STREET ADDRESS	125 W. TOWNE PLACE	
CITY- ST- ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, WILLIE, MAE	
STREET ADDRESS	2785 WEST HICKORY CIRCLE	
CITY- ST- ZIP	MIMS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, JOANN E	
STREET ADDRESS	3579 RIDGEWAY AVE.	
CITY- ST- ZIP	MIMS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, ANNIE O.	
STREET ADDRESS	2173 NIBLICK CT.	
CITY- ST- ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, DELORES	
STREET ADDRESS	2833 EAST HICKORY	
CITY- ST- ZIP	MIMS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000924517
STREET ADDRESS	05/19/08-80004-018 61.25
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 22, 2008*