2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N37754

Entity Name: OPEN HAND OUTREACH MINISTRY, INC.

Current Principal Place of Business:

P.O. BOX 448
MIMS, FL 32754 US

New Principal Place of Business:

2777 ASH TERRACE
MIMS, FL 32754 US

Current Mailing Address:

P.O. BOX 448
MIMS, FL 32754 US

New Mailing Address:

FEI Number: 59-3029893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEIGLER, LUCY MAE
2777 ASH TERRACE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	SEIGLER, LUCY MAE,	
Address:	2777 ASH TERR.	
City-St-Zip:	MIMS, FL	
Title:	CMD	( ) Delete
Name:	WARREN, JAMES	
Address:	125 W. TOWNE PLACE	
City-St-Zip:	TITUSVILLE, FL	
Title:	D	( ) Delete
Name:	BELL, WILLIE, MAE,	
Address:	2785 WEST HICKORY CIRCLE	
City-St-Zip:	MIMS, FL	
Title:	VD	( ) Delete
Name:	MOORE, JOANN E	
Address:	3579 RIDGEWAY AVE.	
City-St-Zip:	MIMS, FL	
Title:	D	( ) Delete
Name:	ROBINSON, ANNIE O.	
Address:	2173 NIBLICK CT.	
City-St-Zip:	TITUSVILLE, FL	
Title:	SD	( ) Delete
Name:	MONTGOMERY, DELORES	
Address:	2833 EAST HICKORY	
City-St-Zip:	MIMS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY MAE SEIGLER PTD 01/10/2009

Electronic Signature of Signing Officer or Director — Date