FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 11 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45388** **(8)**

1. Corporation Name
HANDS OF CHRIST MINISTRIES, INC.

Principal Place of Business	Mailing Address
8437 GARDNER RD. TAMPA FL 33625 US	8437 GARDNER RD. TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1991**
3a. Date of Last Report: **08/08/1994**
4. FEI Number: **59-3089624** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HAYHURST, JOHN D.
6418 MOSS WAY
TAMPA FL 33625

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Address, Typed or Printed Name of Registered Agent and the Applicable) (NOTE: Registered Agent's signature required when executing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAYHURST, JOHN D. (REV)	12 NAME	
STREET ADDRESS	% 6418 MOSS WAY	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MOSCHOS, STEFANOS	22 NAME	
STREET ADDRESS	% 6418 MOSS WAY	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	AV	31 TITLE	☐ Change ☐ Addition
NAME	BUNKER, DUANE F.	32 NAME	
STREET ADDRESS	% 6418 MOSS WAY	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HAYHURST, IRMA J.	42 NAME	
STREET ADDRESS	8437 GARDNER RD.	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	RICARD, RUTH E.	52 NAME	
STREET ADDRESS	8437 GARDNER RD.	53 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MESSERSMITH, RAY	62 NAME	
STREET ADDRESS	8437 GARDNER RD.	63 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Irma J. Hayhurst
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

May 3rd 1995 (DATE) 813-626-0537 (Daytime Phone #)

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