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NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N45388 (8)

1. Corporation Name

HANDS OF CHRIST MINISTRIES, INC.

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

Mailing Address
8437 GARDNER RD.
TAMPA FL 33625
US

3. Date Incorporated or Qualified
10/01/1991

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. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HAYHURST, JOHN D. (REV)	
STREET ADDRESS	% 6418 MOSS WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	[ ] DELETE
NAME	MOSCHOS, STEFANOS	
STREET ADDRESS	% 6418 MOSS WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	[ ] DELETE
NAME	MCINNIS, RICHARD	
STREET ADDRESS	8327 ARCHWOOD CIR	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	[ ] DELETE
NAME	HAYHURST, IRMA J.	
STREET ADDRESS	8437 GARDNER RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	[ ] DELETE
NAME	MESSERSMITH, RAY	
STREET ADDRESS	8437 GARDNER RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	[X] DELETE
NAME	LYONS, MICKEY	
STREET ADDRESS	6416 CRESTHILL	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	[ ] Change [X] Addition
6.2 NAME	Jamie Picard	
6.3 STREET ADDRESS	21732 Bell Lake	
6.4 CITY-ST-ZIP	Land O Lakes FL 34639	

14. 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 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: James D. Hayhurst P/D Sep 25, 1998 813 9760460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049779

CR2E037 (10/97)