PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

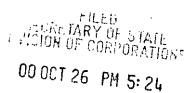
N45388 DOCUMENT #

1. Corporation Name

HANDS OF CHRIST MINISTRIES, INC.

Principal	Place	of B	usiness

Mailing Address



		TAMPA FL 3	8437 GARDNER RD. TAMPA FL 33625 US					
If above a	ddresses are	incorrect in any way, line thr	ough incorrect in	formation and	enter correction below.			
		ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida				
		Suite, Apt. #,	#, etc.		10/01/1991			
0.4 0.044		City & State		5. FEI Number Applied For Net Applied For				
City & State		City & State		6.		Not Applicable		
Zip Country		Zip Country		Country	CERTIFICATE OF STATUS DESIRED			
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofit c	orporations must list at le	ast 3 directors)	/////////////////////////////////////	135 5
Title(s)	Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director		*****61 only state*2#*61.25		
PD	HAYHURST, JOHN D. (REV)		8437 GARDNER RD.		TAMPA FL 33625			
۷D	MOSCHOS, STEFANOS		120 CARLYLE CIR		PALM HARBOR FL 34682			
D	MCINNIS, RICHARD		8327 ARCHWOOD CIR		TAMPA FL 33615			
SD	SD HAYHURST, IRMA J.		8437 GARDNER RD.		TAMPA FL 33625			
D	WILLIAMS, ETHLINE R		7605 OSBORNE		TAMPA FL 33615			
							Mula	_
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
				Name	Name			
HAYHURST, JOHN D.			Street Address (Street Address (P.O. Box Number is Not Acceptable)				
6418 MOSS WAY TAMPA FL 33625			Suite, Apt. #, Etc	Suite, Apt. #, Etc.				
IAMPA FL 33023								
					City		State FL	Zip Code
10. I, being Signature o Registered	ıf "	e registered agent of the abo	ove named corpo		2 U. Bus	obligations of Sect	ion 607.0505, F.S. Date Oct 23	3, 2000
this rein	statement appy the corporat	plication, the reason for diss	olution has been names of individ	eliminated, the uals listed on t	e corporate name satisfies this form do not qualify for	s the requirements r an exemption un-	apter 607 or 617, F.S. I further s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	101, F.S., that all fees

____Oct 23, 2000___ To Whom it may concern, your replesenatures I found out that in August of 2000, there was a disscribince in our check, which we mailed for our Corp.
Your representaire told me to rewrit one check for \$101.25 and to enclose this letter Ihrs would bring everythere current a our Corp. would not dessole or we wouldnot have to pay more. Satisfayou time a Sima Jayhurd 2/2) Doc # N45-388 Hands of Christ Min. 8437 Haldner Rd Tampa 7/ 33625