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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N96000001667 (2)

1. Corporation Name
HANDS OF GOD MINISTRIES, INC.

Principal Place of Business	Mailing Address
7514 N HALE AVE TAMPA FL 33614	7514 N HALE AVE TAMPA FL 33614

3. Date Incorporated or Qualified: 03/22/1996

4. FEI Number: 59-3379973 ☐ 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	2a. Mailing Address
21 2918 East 27 ave	26 2918 E. 27 ave.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Tampa Florida	28 City & State: Tampa Florida
24 Zip: 33605 25 Country: Hillborough	29 Zip: 33605 30 Country: Hillborough

9. Name and Address of Current Registered Agent

FERGUSON, CLAYTON ELDER
7514 N HALE AVE
TAMPA FL 33614

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: Clayton Ferguson C.E.O. Clayton Ferguson 2/2/1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, CLAYTON SR		1.2 NAME	
STREET ADDRESS	414 CAMELIA CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WAREN ROBIN GA 31903		1.4 CITY-ST-ZIP	
TITLE	DCEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, CLAYTON		2.2 NAME	
STREET ADDRESS	7514 N HALE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, DOROTHY		3.2 NAME	
STREET ADDRESS	7514 N HALE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		3.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, CHARLENE		4.2 NAME	
STREET ADDRESS	6421 N 41ST ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, MARION		5.2 NAME	
STREET ADDRESS	2202 N ARMENIA AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: C. Clayton Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #