## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## **FILED** Mar 09, 1999 8:00 am § Secretary of State

	1999	O WE	DIVISION OF	CORFOR	WIIIU	1140	03-09-1999 9	V124 V30	····61.∠	9	
DOCUI		# N96000	001667								
HANDS	OF GOD	MINISTRIES, INC.									
D-iiI DIa	f D		Mailing Address				-				
Principal Place			Mailing Address						<b>4</b> (1)   44(	(1 <b>128) (40</b> )	
2918 E 27TH / TAMPA FL 336			2918 E 27TH AVE Tampa Fl 33605								
US			U\$								
2. Principal P	loss of Busine		2a. Mailing Address	<del></del>			Date Incorporated or Qualifed				
21 Principal P	IBCC OF DUSIN	755	26				03/22/1996				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		•		4. FEI Number		App	lied For	
22			27				59-3379973			Applicable	
City & Stat	te		City & State				5. Certifcate of Status Desired			dditional	
23			28	Con	ınêm t				ee Req	·	
Zip	Γ.	Country	Zip	30	untry		6. Election Campaign Financing Trust Fund Contribution	11	<b>5.00</b> A added to	•	
24		25 and Address of Curren		[30]	T		10. Name and Address of New R			1 000	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		**************************************		81	Name				,	
FERGUSO	N CLAYTO	N FI DER			82	Street Addre	ss (P.O. Box Number is Not Accepta	eble)		•	1
FERGUSON, CLAYTON ELDER 7514 N HALE AVE						Olicel Addie	SS (1:0: Box Hamber to Het Accepta			. :	
TAMPA FL 33614					83						
					84	City		85	Zip Co	ode	
					1	-		FL   °			
office or r	registered age	ent, or both, in the State	of Florida. Such change was	authorized	d by th	named corpo ne corporation	ration submits this statement for the i's board of directors. I hereby accep	purpose of chang at the appointmen	t as regi	istered	
agent. I a	ım familiar wit	h, and accept the obliga	tions of, Section 617.0503, Fl	lorida Stat	utes.						
SIGNATURE	Stanature typed	or printed name of registered ager	nt and title if applicable. (NO)	TE: Registered	d Agent s	signature required	when reinstating)	DATE			á
12.			D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND DIF	RECTOF	RS IN 12	5
TITLE	D		☐ DELETE	1.1 TI	ITLE				hange	☐ Addition	7
NAME		n, clayton sr		1.2 N	AME						25
STREET ADDRESS	[	LIA CIR									۱ h
CITY-ST-ZIP	<del>,</del>			1,3 \$	TREET A	DDRESS				•	וא
TITLE		<u>OBIN</u> GA 31903		1.4 C	ITY-ST-				banco	☐ Addition	200
	DCEO		☐ DELETE	1.4 C	ITY-ST-				hange	Addition	200
NAME	<b>FERGUSO</b>	n, clayton	☐ DELETE	1.4 CI 2.1 TI 2.2 N	ITY-ST-	ZIP			hange	Addition	2000
NAME STREET ADDRESS	FERGUSO 7514 N H/	n, Clayton NLE AVE	☐ DELETE	1.4 Cl 2.1 Tl 2.2 No 2.3 ST	ITY-ST- ITLE AME TREET A	ZIP LODRESS			hange	Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP	FERGUSO 7514 N HA TAMPA FL	n, Clayton NLE AVE		1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C	ITY-ST- ITLE AME TREET A	ZIP LODRESS	· · ·		hange hange	☐ Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FERGUSO 7514 N H/ TAMPA FL DT	N, CLAYTON ALE AVE 33614	☐ DELETE	1.4 C 2.1 Tl 22 N 2.3 S 2.4 C 3.1 Tl	ITY-ST- ITLE AME TREET A CITY-ST- ITLE	ZIP LODRESS					3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO	N, CLAYTON NLE AVE 33614 N, DOROTHY		1.4 Cl 2.1 Tl 2.2 Nv 2.3 S 2.4 C 3.1 Tl 3.2 Nv	ITY-ST-ITLE AME TREET A CITY-ST-ITLE AME	ZIP LODRESS					200
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/	N, CLAYTON ALE AVE 33614 N, DOROTHY ALE AVE		1.4 Cl 2.1 Tl 2.2 Nv 2.3 Si 2.4 Cl 3.1 Tl 3.2 Nv 3.3 Si	ITY-ST-ITLE AME TREET A CITY-ST-ITLE AME	ZIP  DORESS  ZIP  DORESS					CB2
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO	N, CLAYTON ALE AVE 33614 N, DOROTHY ALE AVE		1.4 Cl 2.1 Tl 2.2 Nv 2.3 Si 2.4 Cl 3.1 Tl 3.2 Nv 3.3 Si	TTY-ST- TTLE  AME  TREET A  CITY-ST- TTLE  AME  TREET A	ZIP  DORESS  ZIP  DORESS					200
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS	N, CLAYTON ALE AVE 33614 N, DOROTHY ALE AVE	<b>∏</b> DELETE	1.4 CC 2.1 TI 2.2 N/ 2.3 S' 2.4 C 3.1 TI 3.2 N/ 3.3 S' 3.4 C 4.1 TI	TTY-ST- TTLE  AME  TREET A  CITY-ST- TTLE  AME  TREET A	ZIP  DORESS  ZIP  DORESS			hange	Addition	3000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, (	N, CLAYTON ALE AVE 33614 N, DOROTHY ALE AVE 33614 CHARLENE	<b>∏</b> DELETE	14 C 2.1 Tl 22 N 2.3 S' 2.4 G 3.1 Tl 3.2 N 3.3 S' 3.4 G 4.1 Tl 4.2 N	TTY-ST-ITLE  AME  TREET A  CITY-ST-ITLE  AME  TREET A  CITY-ST-ITLE  LAME	ZIP  DORESS  ZIP  DORESS			hange	Addition	CB36
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST	☐ DELETE	1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 CI 3.1 TI 3.2 N 3.3 S' 3.4 .C 4.1 TI 4.2 N 4.3 S' 4.4 CI	ITY-ST- ITLE  AME  TREET A  CITY-ST- ITLE  AME  TREET A  CITY-ST- ITLE  LAME  TREET A  TREET A	ZIP  DDRESS  ZIP  DDRESS  DDRESS			hānge hange	Addition  Addition	2000
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TABLESS TOTY-ST-ZIP TITLE	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL D	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST 33610	<b>∏</b> DELETE	1.4 CD 2.1 TI 22 N 2.3 S' 2.4 CD 3.1 TI 3.2 N 3.3 S' 3.4 CD 4.1 TI 4.2 N 4.3 S' 4.4 CD 5.1 TI 7.5 TI	ITY-ST- ITLE  AME  TREET A  CITY-ST- ITLE  AME  TREET A  CITY-ST- ITLE  LAME  TREET A  LITY-ST- ITLE	ZIP  DDRESS  ZIP  DDRESS  DDRESS			hange	Addition	2692
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL D BLACK, M	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST 33610  ARION	☐ DELETE	1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 CI 3.1 TI 3.2 N 3.3 S' 3.4 CI 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 N	ITY-ST-ITLE  AME  ITREET A  CITY-ST-ITLE  LAME  TREET A  CITY-ST-ITLE  AME  AME  AME  AME  AME  AME	ZIP  DDRESS  ZIP  DDRESS  ZIP  DDRESS  ZIP			hānge hange	Addition  Addition	2692
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL D BLACK, M, 2202 N AF	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST 33610  ARION RMENIA AVE	☐ DELETE	1.4 CL 2.1 TL 2.2 NL 2.3 ST 2.4 CL 3.1 TL 3.3 ST 3.4 .CL 4.1 TL 4.2 NL 4.3 ST 4.4 CL 5.1 TL 5.2 NL 5.3 ST	ITY-ST- ITLE AME TREET A CITY-ST- ITLE AME TREET A	ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP			hānge hange	Addition  Addition	2692
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL D BLACK, M	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST 33610  ARION RMENIA AVE	☐ DELETE	1.4 CL 2.1 TL 2.2 NL 2.3 ST 2.4 CL 3.1 TL 3.3 ST 3.4 .CL 4.1 TL 4.2 NL 4.3 ST 4.4 CL 5.1 TL 5.2 NL 5.3 ST	ITY-ST ITLE AME TREET A ITLE AME TREET A ITLE AME TREET A ITLE AME TREET A ITY-ST	ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP			hānge hange	Addition  Addition	200
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FERGUSO 7514 N H/ TAMPA FL DT FERGUSO 7514 N H/ TAMPA FL DS TAYLOR, 0 6421 N 41 TAMPA FL D BLACK, M, 2202 N AF	N, CLAYTON ALE AVE 33614  N, DOROTHY ALE AVE 33614  CHARLENE ST ST 33610  ARION RMENIA AVE	☐ DELETE	1.4 CC 2.1 TI 22 N 2.3 S' 2.4 CC 3.1 TI 3.2 N 3.3 S' 3.4 .C 4.1 TI 4.2 N 4.3 S' 4.4 CC 5.1 TI 5.2 N 5.3 S' 5.4 CC 5.3 S' 5.4 CC	ITY-ST-, ITLE AME TREET A	ZIP  DORESS  ZIP  DORESS  ZIP  DORESS  ZIP			hange hange	Addition Addition Addition	3600

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: