

5-20-98 B7751C
FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001621 (8)**

1. Corporation Name

THE HANDS OF FAITH MINISTRIES, INC.



Principal Place of Business 951 W 37TH ST RIVIERA BEACH FL 33404	Mailing Address 951 W 37TH ST RIVIERA BEACH FL 33404
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3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0784324

Applied For

Not Applicable

2. Principal Place of Business 190 W. 14th STREET	2a. Mailing Address 190 W. 14th ST
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5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

23. City & State RIVIERA BEACH	28. City & State RIVIERA BEACH
24. Zip 33404	29. Zip 33404
25. Country Palm Beach	30. Country Palm Beach

9. Name and Address of Current Registered Agent

**PRICE, K B JR
951 W 37TH ST
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

81. Name K.B. Price, Jr
82. Street Address (P.O. Box Number is Not Acceptable) 190 W. 14th ST
83. City RIVIERA BEACH
84. State FL
85. Zip Code 33404

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

14 May 98

12. OFFICERS AND DIRECTORS

TITLE PD	NAME PRICE, K B JR	DELETED
STREET ADDRESS 951 W 37TH ST		
CITY-ST-ZIP RIVIERA BEACH FL 33404		
TITLE SD	NAME PRICE, KELANDRA T	DELETED
STREET ADDRESS 1258 W 26TH CT		
CITY-ST-ZIP RIVIERA BEACH FL 33404		
TITLE TD	NAME TWIGGS, EUNICE L	DELETED
STREET ADDRESS 101 10TH ST		
CITY-ST-ZIP LAKE PARK FL 33403		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME K.B. Price, Jr	1.3 STREET ADDRESS 190 W. 14th ST	1.4 CITY-ST-ZIP RIVIERA BEACH, FL	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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:

[Signature]

14 May 98 (561) 844-8013

CR2E037 (10/97)