


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006183</b>	
1. Entity Name <b>AWESOME HAND MINISTRY, INC.</b>	

Principal Place of Business <b>P.O. BOX 6019 NAVARRE, FL 32566</b>	Mailing Address <b>P O BOX 6019 NAVARRE, FL 32566-8921</b>
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**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>36-4256003</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LONDON, KENNETH L  
6864 AVENIDA DE GALVEZ  
NAVARRE, FL 32566-8921**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>LONDON, KENNETH L</b>
STREET ADDRESS <b>6864 AVENIDA DE GALVEZ</b>	
CITY-ST-ZIP <b>NAVARRE, FL 325668921</b>	
TITLE <b>VD</b>	NAME <b>JAYNES, CLAUDE</b>
STREET ADDRESS <b>7680 W HWY 98 APT 101</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32506</b>	
TITLE <b>STD</b>	NAME <b>WOLF, JANICE F</b>
STREET ADDRESS <b>9911 BRIDLEWOOD RD</b>	
CITY-ST-ZIP <b>PENSACOLA, FL 32526</b>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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U00000125442  
04/22/04-80086-008 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kenneth L London **KENNETH LONDON** 4/20/04 850 936 1054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850 936 4998