2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90198 039 ****61.25

DOCUMENT # N98000006183

1. Entity Name
AWESOME HAND MINISTRY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6019 NAVARRE, FL 32566	P O BOX 6019 NAVARRE, FL 32566-8921

DO NOT WRITE IN THIS SPACE

02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
36-4256003
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDON, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDON, KENNETH L
STREET ADDRESS	6864 AVENIDA DE GALVEZ
CITY-ST-ZIP	NAVARRE, FL 325668921
TITLE	STD
NAME	WOLF, JANICE F
STREET ADDRESS	9911 BRIDLEWOOD RD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VP
NAME	LANDON, EMORY L
STREET ADDRESS	1810 SOUTH BEND ROAD
CITY-ST-ZIP	LAKE CHARLES, LA 70605
TITLE	VP
NAME	LANDON, Emory L
STREET ADDRESS	4914B Norris Loop
CITY-ST-ZIP	Fort Polk, LA 71459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Landon KENNETH LANDON 4/16/67 850 936 4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
850 936 1654