


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 049 \*\*\*\*61.25

<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>		
2. Principal Place of Business - No P.O. Box # <b>6864 Avenida De Galvez</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>NAVARRE FL</b>		City & State		4. FEI Number <b>36-4256003</b>	
Zip <b>32566</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>32566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANDON, KENNETH L 6864 AVENIDA DE GALVEZ NAVARRE, FL 32566-8921</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LANDON, KENNETH L 6864 AVENIDA DE GALVEZ NAVARRE, FL 325668921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WOLF, JANICE F 9911 BRIDLEWOOD RD PENSACOLA, FL 32526</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANDON, EMORY L 1810 SOUTH BEND ROAD LAKE CHARLES, LA 70605</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANDON, EMORY L 4914 B NORRIS LOOP NATCHITOCHES, LA 71457</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD ALLEN J. KELLY, JR 3433 HIGHWAY 190, PMB 305 MANDERLILLE, LA 70471</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Kenneth L. Landon</u> <b>KENNETH L. LANDON</b> <u>4/4/08</u> <u>850 936 1054</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					