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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000006341

1. Corporation Name

OPEN' HAND MINISTRIES, INC.

Principal Place of Business

10540 N.W. 43RD. ST.  
CORAL SPRINGS FL 33060

Mailing Address

10540 N.W. 43RD. ST.  
CORAL SPRINGS FL 33060



2. Principal Place of Business

21 *Same*  
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 *Same*  
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
11/04/1998

4. FEI Number

65-0874459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MORRIS, FELTON L  
10540 N.W. 43RD. ST.  
CORAL SPRINGS FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MORRIS, FELTON L  
STREET ADDRESS 10540 N.W. 43RD. ST.  
CITY-ST-ZIP CORAL SPRINGS FL 33060

TITLE DS  
NAME BATTLE (LO TAYS) *LO TOYA*  
STREET ADDRESS 1169 N.W. 24TH CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33060

TITLE DT  
NAME MCHENRY, SHERRY  
STREET ADDRESS 3233 CORAL RIDGE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
*Same*

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
*4201 N. Riverside Dr.  
Riverside  
Coral Springs Fla - 33065*

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
*8021 N.W. 43rd  
Coral Springs Fla 33065*

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Felton Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/99*  
Date

*954-753-1458*  
Daytime Phone #

CR2E037 (11/98)