2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004339

FILED Feb 04, 2009 Secretary of State

Entity Name: LOVING HANDS MINISTRY OF JESUS CHRIST, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ANA ROAD NVILLE, FL 322	211		
Current Mailing Address:			New Mailing Address:	
P.O. BOX JACKSOI	. 8651 NVILLE, FL 322	211		
FEI Numbe	r: 65-0936331	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
7131 ALA	JACQUES S NA ROAD NVILLE, FL 322	211 US		
The above	e named entity:	submits this statement for the p	purpose of changing its register	ed office or registered agent, or both,
	e named entity : te of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
in the Sta	te of Florida. IRE:			ed office or registered agent, or both,
in the Sta	te of Florida. IRE:	submits this statement for the particles of Registered Ag		ed office or registered agent, or both, Date
in the Stat	te of Florida. IRE:	nic Signature of Registered Ag	ent	
in the Stat	te of Florida. IRE: Electror S AND DIREC	nic Signature of Registered Ag TORS: Delete DUES S	ent	Date
in the State SIGNATL OFFICER Title: Name: Address: City-St-Zip: Vame: Name: Address:	te of Florida. RE: Electror S AND DIREC PD () BODKIN, JACO 7131 ALANA R JACKSONVILL	nic Signature of Registered Agr TORS:) Delete DUES S ROAD E, FL 32211) Delete ILLE J ROAD	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR
in the State SIGNATU OFFICER Title: Name: Address:	te of Florida. IRE: Electror S AND DIREC PD () BODKIN, JACG 7131 ALANA R JACKSONVILLI VP () BODKIN, MIRE 7131 ALANA R JACKSONVILLI	nic Signature of Registered Agordonic Si	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES STEVE BODKIN PD 02/04/2009