

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007578

Entity Name: HANDS AND FEET MINISTRIES, INC.**Current Principal Place of Business:**17458 ELSINORE DR.
JACKSONVILLE, FL 32226**Current Mailing Address:**17458 ELSINORE DR.
JACKSONVILLE, FL 32226**FEI Number:** 14-1894308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL, KEITH G
17458 ELSINORE DR.
JACKSONVILLE, FL 32226 US*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.***SIGNATURE:** KEITH G. POWELL

03/08/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name POWELL, KEITH G
Address 17458 ELSINORE DR.
City-State-Zip: JACKSONVILLE FL 32226

Title VP, DIRECTOR
Name MCGILL, WILLIAM
Address 2530 LAUREL RD.
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY, TREASURER,
DIRECTOR
Name POWELL, PHYLLIS B
Address 17458 ELSINORE DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT, DIRECTOR
Name JONES, RONALD F
Address 85070 SARA ROAD
City-State-Zip: YULEE FL 32097

Title SECRETARY, TREASURER,
DIRECTOR
Name POWELL, PHYLLIS B
Address 17458 ELSINORE DRIVE
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT, DIRECTOR
Name JONES, RONALD F
Address 85070 SARA ROAD
City-State-Zip: YULEE FL 32097

I hereby 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 all other like empowered.

SIGNATURE: KEITH G. POWELL

CHAIRMAN OF BOARD

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date