



#2017-051
FWPOI-17

Received
Building Department

MAR 16 2017

City of Desert Hot Springs

CITY OF DESERT HOT SPRINGS

FIREWORKS PROGRAM PERMIT APPLICATION & FIREWORKS FIRE SAFETY PERMIT APPLICATION FIREWORKS STAND LICENSE NUMBER _____

For Internal Use Only:

State Fire Marshall Permit #: _____

Program Permit Fee: ~~\$1,735.00~~ \$1835.00

Safety Permit Fee: \$100.00

Deposit/Bond: \$150.00 (refundable)

501(C)3 #: _____

Insurance Certificate: _____

Sales Tax Permit #: _____

FIREWORKS PROGRAM PERMITS AND FIREWORKS SAFETY PERMIT applications are reviewed and approved by the City Council pursuant to Chapter 101.030.D.6 of the Municipal Code. The purpose of this review is to ensure that the sale and discharge of Safe and Sane fireworks, as defined by Section 12529 of the California Health and Safety Code, are done in a manner that protects the health, safety and welfare of the general public.

1. Name of Applicant: Patrice Kimbler

Mailing Address: 13562 Hacienda Heights Dr. Phone No. 717-801-7711

City State, Zip Code: Desert Hot Springs, CA 92240 Fax No. _____

2. Name of Non-Profit Organization: Hands of Christ Ministries

Mailing Address: 13562 Hacienda Heights Dr. Phone No. 717-801-7711

City State, Zip Code: Desert Hot Springs, CA 92240 Fax No. _____

3. Name of Property Owner: Mohammed Tabel

Mailing Address: 745 Hillview St. Phone No. 951-443-6323

City State, Zip Code: Beaumont, CA 92223 Fax No. _____

4. Location of Firework Stand: 13525 Palm Drive, Desert Hot Springs, CA

5. Existing Land Use of Property: Store Building

6. Existing Zoning of Property: Commercial

7. Surrounding Uses:


North: Vacant business
South: Dollar General Store
East: Commercial center
West: Residential

8. Names of Partners and/or Organization Officers:

Name/Title: Amanda Carrillo
Address: 66727 Thunderbird Lane, Desert Hot Springs, CA 92240
Name/Title: _____
Address: _____
Name/Title: _____
Address: _____
Name/Title: _____
Address: _____

I declare under the penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is a true, correct and complete statement of facts.

Signature of Applicant:

Signature:  Date: 03/08/2017
Title: Director, HOCM

Signature of Property Owner(s) if not same as applicant:

Signature: See attached: Date: _____
Title: _____

(Separate written property owner authorization to submit application may be provided. See attached form.)

**NOTE: FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION
SHALL BE GROUNDS FOR DENIAL**



PROPERTY OWNER AUTHORIZATION
MUST BE NOTARIZED

To the City of Desert Hot Springs:

I, Mohammad Tabel, do hereby certify that I am the owner, or have the
(Property Owner / Authorized Person)

Power-of-Attorney for the owner, of the property located at 13525 Palm Drive, Desert
(Street Address)

Hot Springs, CA 92240, and that I hereby grant permission to Colliers International and
(Charity / Organization)

Phantom Firework to use the above stated property for the express purpose of the
(Fireworks Supplier)

retail sale of "Safe and Sane Fireworks" (as defined by California Law), for the July 4th, _____
season, in the City of Desert Hot Springs.

Name: [Signature] Date: 2/16/17
(Signature)

Property Owner: Mohammad Tabel
(If different than above)

Address: 745 Hillview St.

City, State, Zip: Beaumont, CA 92223

Phone Number: (951) 443-6323

State of California

County of Riverside

On February 16, 2017 before me Patrick Earthly (Notary Public)
personally appeared Mohammad Ribhi Tabel, who proved to
me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true
and correct.

WITNESS my hand and official seal.

Please See Attachment

[Signature]
Signature of Notary

(Notary Seal)

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Riverside }

On February 16, 2017 before me, Patrick Earthly (Notary Public),
(Here insert name and title of the officer)

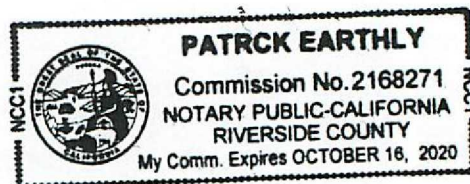
personally appeared Mohammed Ribhi Tabel,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Property Owner Authorization
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 2/16/17

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/7/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME:	
	PHONE (A/C, No, Ext): 216-658-7100	FAX (A/C, No): 216-658-7101
INSURED Phantom Fireworks Western Region, LLC 555 Martin Luther King Jr Blvd Youngstown OH 44502	E-MAIL Address: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest Indemnity Insurance Co.	
	INSURER B: Maxum Indemnity Company	
	INSURER C: Axis Surplus Ins Company	
	INSURER D: Everest National Insurance Company	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 973348480**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY			SI8GL00643-161	10/30/2016	10/30/2017	EACH OCCURRENCE	\$1,000,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$				
	<input checked="" type="checkbox"/> Non-Owned Stand						PERSONAL & ADV INJURY	\$1,000,000				
	<input type="checkbox"/> End't Included						GENERAL AGGREGATE	\$2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							\$				
	D	AUTOMOBILE LIABILITY						SI8CA00095-161	10/30/2016	10/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS								BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident)	\$							
				\$								
B		UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EXC6025343-03	10/30/2016	10/30/2017				EACH OCCURRENCE	\$4,000,000
		<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE								AGGREGATE	\$4,000,000
		<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$									\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - EA EMPLOYEE				\$				
				E.L. DISEASE - POLICY LIMIT				\$				
	C	Excess Liability #2						EAU784017	10/30/2016	10/30/2017	Each Occ/ Aggregate	\$5,000,000
											Total Limits	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Products Liability extends only to products purchased from Phantom Fireworks Western Region, LLC. The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.
Group: Hands of Christ Ministries
Location: 13525 Palm Dr, Desert Hot Springs, CA 92240
Municipality: The City of Desert Hot Springs, its officers, agents, officials, employees, and volunteers, when acting in their official capacity as such.

CERTIFICATE HOLDER**CANCELLATION**

Hands of Christ Ministries
13525 Palm Dr
Desert Hot Springs CA 92240

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/7/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	PHONE (A/C, No, Ext): 216-658-7100	FAX (A/C, No): 216-658-7101
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	INSURER A: Everest Indemnity Insurance Co.	
	INSURER B: Maxum Indemnity Company	
	INSURER C: Axis Surplus Ins Company	
	INSURER D: Everest National Insurance Company	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1339380863

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SI8CA00095-161	10/30/2016	10/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXC6025343-03	10/30/2016	10/30/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability #2		EAU784017	10/30/2016	10/30/2017	Each Occ/ Aggregate \$5,000,000 Total Limits \$10,000,000

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Municipality: The City of Desert Hot Springs, its officers, agents, officials, employees, and volunteers, when acting in their official capacity as such.

CERTIFICATE HOLDER**CANCELLATION**

City of Desert Hot Springs
65-950 Pierson Blvd
Desert Hot Springs CA 92240

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CALIFORNIA STATE BOARD OF EQUALIZATION

TEMPORARY SELLER'S PERMIT

Valid 06/28/2017 through 07/04/2017



SR EHC 103-046265

HANDS OF CHRIST MINISTRIES, INC.
13525 PALM DR
DESERT HOT SPRINGS, CA 92240-5982

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID FOR THE PERIODS SHOWN AND IS NOT TRANSFERABLE.

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-ST REV. 5 (11-14)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

CALIFORNIA STATE BOARD OF EQUALIZATION
Sales and Use Tax Department

**DEPARTMENT OF FORESTRY AND FIRE PROTECTION**

P.O. Box 944246
SACRAMENTO, CA 94244-2460
(916) 653-7772
Website: www.fire.ca.gov



February 22, 2017

RE: Retail Booth Applications

To Whom It May Concern:

Due to the late start of this 2017 Retail Season, processing of retail applications will not begin until March 1, 2017.

We expect completed applications to be available beginning March 8, 2017. Applications will be processed in a timely manner, on a first-in-first-out order.

If you have any questions or concerns, please contact our office via email at:

FWX@fire.ca.gov

We thank you for your patience.

Thomas Campbell
Office of the State Fire Marshal
Deputy State Fire Marshal III (Specialist)
Fireworks Program Coordinator
Fire Engineering & Investigations Division

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 23 2010**

HANDS OF CHRIST MINISTRIES INC
C/O PATRICE KIMBLER
67912 NICOLE CT
DESERT HOT SPRINGS, CA 92240

Employer Identification Number:
26-4653008
DLN:
600026026
Contact Person:
JEFFREY GAUNCE ID# 31614
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(a)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 13, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.



State of California Secretary of State

N

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

FD94730**FILED**

In the office of the Secretary of State
of the State of California

MAY-31 2016

This Space for Filing Use Only

1. CORPORATE NAME

HANDS OF CHRIST MINISTRIES, INC.

2. CALIFORNIA CORPORATE NUMBER

C3119470

Complete Principal Office Address (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)

3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

13562 HACIENDA HEIGHTS DRIVE, DESERT HOT SPRINGS, CA 92240

4. MAILING ADDRESS OF THE CORPORATION CITY STATE ZIP CODE

PATRICE M. KIMBLER 13562 HACIENDA HEIGHTS DRIVE, DESERT HOT SPRINGS, CA 92240

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

PATRICE MICHAELLE KIMBLER 13562 HACIENDA HEIGHTS DRIVE, DESERT HOT SPRINGS, CA 92240

6. SECRETARY ADDRESS CITY STATE ZIP CODE

ROSALIE ADAMS 9024 CALLE DEL DIABLO, DESERT HOT SPRINGS, CA 92240

7. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

AMANDA JAMIE CARRILLO 66727 THUNDERBIRD LANE, DESERT HOT SPRINGS, CA 92240

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

8. NAME OF AGENT FOR SERVICE OF PROCESS

PATRICE MICHAELLE KIMBLER

9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

13562 HACIENDA HEIGHTS DRIVE, DESERT HOT SPRINGS, CA 92240

Common Interest Developments

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

05/31/2016

PATRICE MICHAELLE KIMBLER

CEO

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE

Alex Padilla
California Secretary of State

Business Search - Entity Detail

The California Business Search is updated daily and reflects work processed through Monday, January 30, 2017. Please refer to document [Processing Times](#) for the received dates of filings currently being processed. The data provided is not a complete or certified record of an entity. Not all images are available online.

C3119470 HANDS OF CHRIST MINISTRIES, INC.

Registration Date:	05/13/2009
Jurisdiction:	CALIFORNIA
Entity Type:	DOMESTIC NONPROFIT
Status:	ACTIVE
Agent for Service of Process:	PATRICE MICHAELLE KIMBLER 13562 HACIENDA HEIGHTS DRIVE DESERT HOT SPRINGS CA 92240
Entity Address:	13562 HACIENDA HEIGHTS DRIVE DESERT HOT SPRINGS CA 92240
Entity Mailing Address:	13562 HACIENDA HEIGHTS DRIVE DESERT HOT SPRINGS CA 92240

A Statement of Information is due EVERY ODD-NUMBERED year beginning five months before and through the end of May.

Document Type	File Date	PDF
SI-COMPLETE	05/31/2016	
SI-COMPLETE	03/01/2013	

* Indicates the information is not contained in the California Secretary of State's database.

- If the status of the corporation is "Surrender," the agent for service of process is automatically revoked. Please refer to California Corporations Code [section 2114](#) for information relating to service upon corporations that have surrendered.
- For information on checking or reserving a name, refer to [Name Availability](#).
- If the image of a Statement of Information is not available online, for information on ordering a copy of that statement refer to [Information Requests](#).
- For information on ordering certificates, status reports, certified copies of documents and copies of documents not currently available in the Business Search such as a filing that is not a Statement of Information or filings for other types of business entities, or to request a more extensive search for records, refer to [Information Requests](#).
- For help with searching an entity name, refer to [Search Tips](#).
- For descriptions of the various fields and status types, refer to [Frequently Asked Questions](#).

[Modify Search](#)[New Search](#)[Back to Search Results](#)

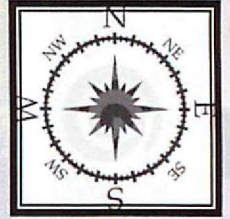
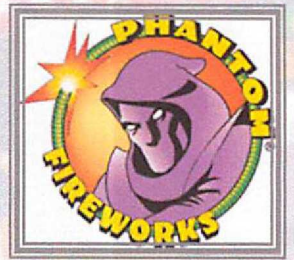
Phantom Fireworks

DATE 2017

ANCHOR:

ACCOUNT MANAGER: Angela Brandenburg

CONTACT NUMBER: 951-217-0019



STAND Year: 2017

CITY : Desert Hot Springs

ORGANIZATION :

SIZE: 8X32

METAL: WOOD:

ADDRESS : 13525 Palm Drive

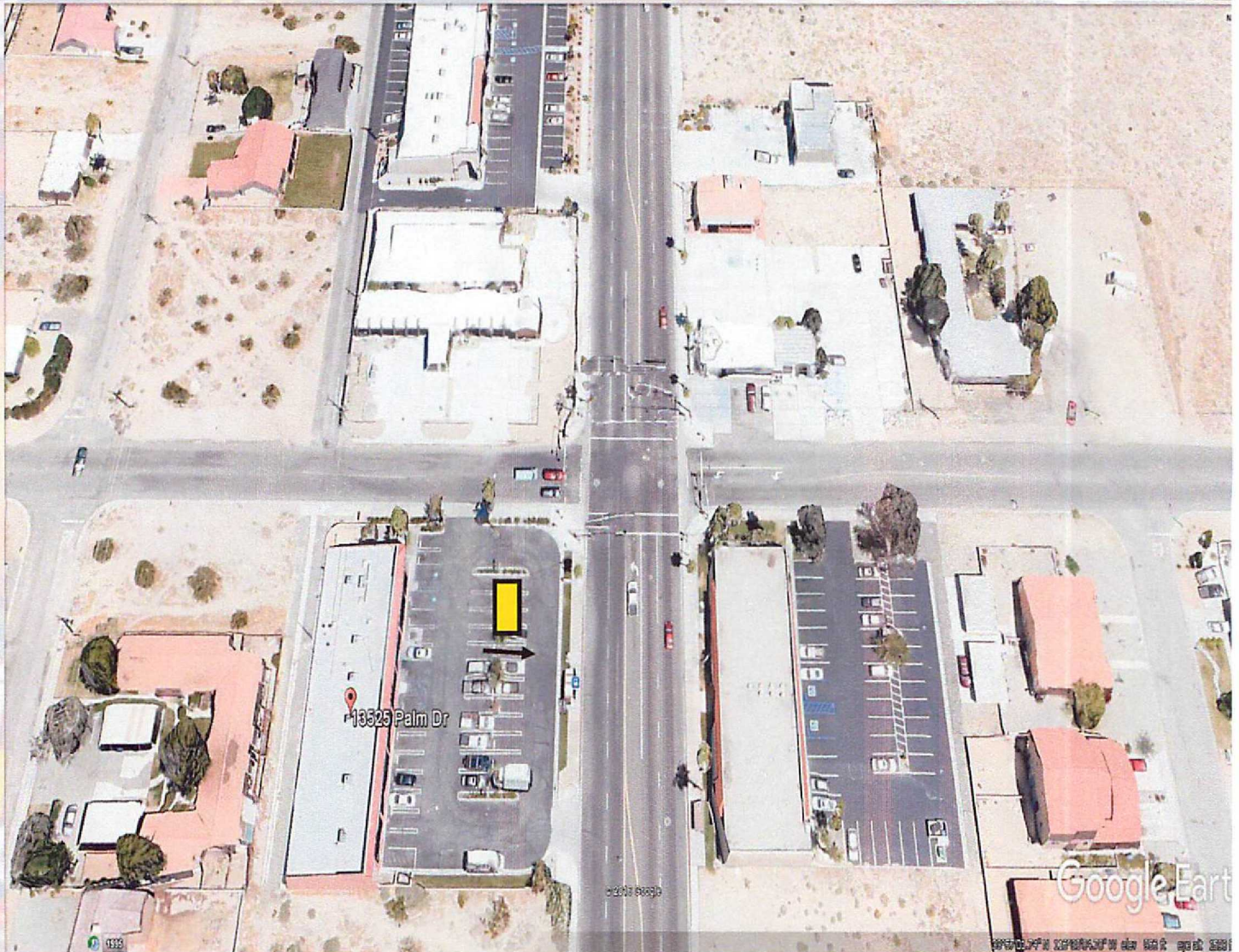
INTERSECTION :

SPECIAL INSTRUCTIONS: PLACE ON MARKS.

SETBACKS- CURBS

SIDEWALKS

BUILDINGS



HOCM Member List

Patrice Kimbler

67912 Nicole Ct

Desert Hot Springs, CA 92240

717-801-7711

Amanda Carrillo

66727 Thunderbird Ln

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Thousand Palms, CA 92276

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760-861-2620

Don Haack

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Peggy Shollenburg

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Desert Hot Springs, CA 92241

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Helen Buisse

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Desert Hot Springs, CA 92241

760-329-6611

Lucy Calfee

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Desert Hot Springs, CA 92241

760-671-5321

Doris Spence

69525 Dillon Road #30

Desert Hot Springs, CA 92241

760-329-5423

Delivering Revenue,
Insight and Efficiency
to Local Government

The City Of Desert Hot Springs

14,357 parcels

Logout



Parcel 641-251-012 2 Regular Secured Parcel
 Use C010010 Commercial Commercial Store
 Owner TABEL MOHAMMAD RIBHI
 TABEL AKRAM RIBHI
 Situs 13525 PALM DR
 DSRT HOT SPG CA 92240

TRA 014-040 The City Of Desert Hot Springs
 Agency Desert Hot Springs Redevelopment I
 Zoning Region (unknown)
 Net AV \$1,193,933 % Chg. from Prior Yr. 21.65%

DBA

Mail Name TABEL MOHAMMAD RIBHI

& Address 745 HILLVIEW ST BEAUMONT CA 92223

This Parcel Is: ☒ Absentee Owned ☐ Pre Prop 13

Revenue type:	<input checked="" type="radio"/> General Fund	<input type="radio"/> Successor Agency
Secured	\$0.00	% Share of Total Tax 0.00%
Unsecured	\$0.00	
Cross-Ref	\$0.00	Tax Bill \$17,703.52
Total Rev	\$0.00	
Last Sale Date	06/29/2015	Sale Price \$1,176,000

Values Sales General Appeals Unsecured Cross-Ref SBE UTILITIES

Building Sq Ft: Lot Sq Ft: 31,799
 Buildings: Acreage: 0.73
 Units:
 Rooms: TG Page: 696-J5
 Beds:
 Baths: Census Tract: 4450.72
 Original Yr Built: Lot #: 644
 Effective Yr Built: Tract #: 0644

Legal Description

.73 ACRES M/L IN LOTS 644, 645 & 646 MB 034/019 DESERT SPRINGS ESTATES 4

Parcel Description

2012 2013 2014 2015 2016