# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755495** **(9)**

1. Corporation Name

**CHRISTIAN HEALING MINISTRIES, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 438 WEST 67TH ST.<br>P.O. BOX 9520<br>JACKSONVILLE FL 32208-0520 | 438 WEST 67TH ST.<br>P.O. BOX 9520<br>JACKSONVILLE FL 32208-0520 |

3. Date Incorporated or Qualified: 12/11/1980
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2144931 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

MACNUTT, FRANCIS S
438 WEST 67TH ST.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: DAVID H. BUSSE
82 Street Address (P.O. Box Number is Not Acceptable): 438 WEST 67th ST.
83 City: JACKSONVILLE,
84 FL 85 Zip Code: 32208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David H Busse 4-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~VP~~ CHAIRMAN / DIRECTOR | 11 TITLE | EXECUTIVE DIRECTOR | ☐ Change ☒ Addition |
| NAME | COOPER, JAMES (REV) | 12 NAME | DAVID H. BUSSE | |
| STREET ADDRESS | 400 SAN JUAN DRIVE | 13 STREET ADDRESS | 41 SPYGLASS LN | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | 14 CITY-ST-ZIP | PONTE VEDRA BEACH FL, 32082 | |
| TITLE | ~~PD~~ DIRECTOR | 21 TITLE | D | ☐ Change ☒ Addition |
| NAME | MACNUTT, FRANCIS S | 22 NAME | ALBERT ERNEST JR | |
| STREET ADDRESS | 438 WEST 67TH STREET | 23 STREET ADDRESS | 1560 LANCASTER TERRACE #1101 | |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | JACKSONVILLE, FL 32204 | |
| TITLE | D | 31 TITLE | D | ☐ Change ☒ Addition |
| NAME | CERVENY, EMMY | 32 NAME | EDWARD MCCARTHY, JR. | |
| STREET ADDRESS | ~~47 E. 66TH STREET, APT. 12C~~ 4949 VANDIVER | 33 STREET ADDRESS | 1238 FREDERICA PLACE | |
| CITY-ST-ZIP | ~~NEW YORK NY~~ JACKSONVILLE, FL 32210 | 34 CITY-ST-ZIP | JACKSONVILLE, FL 32205 | |
| TITLE | D | 41 TITLE | D | ☐ Change ☒ Addition |
| NAME | OLLIFF JR., BENJAMIN C. | 42 NAME | DOUGLAS J. MILNE | |
| STREET ADDRESS | 3599 UNIVERSITY BLVD 507 | 43 STREET ADDRESS | 4495 LEXINGTON AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | JACKSONVILLE, FL 32205 | |
| TITLE | D | 51 TITLE | D | ☐ Change ☒ Addition |
| NAME | DEARING, PETER | 52 NAME | REV GRANT D SIEGFRIED | |
| STREET ADDRESS | 4807 WATER OAK LANE | 53 STREET ADDRESS | 6183 SAN JOSE BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL | 54 CITY-ST-ZIP | JACKSONVILLE, FL 32217 | |
| TITLE | D | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | HASKELL, JOAN | 62 NAME | | |
| STREET ADDRESS | 4971 MORVEN ROAD | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** David H Busse 4-12-95 (904) 765-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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