FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT #

1. Corporation Name

755495

(9)

CHRISTIAN HEALING MINISTRIES, INC.

Principat Place of Bus 438 WEST 67TH ST.						
438 WEST STILL ST	siness	Mailing Address			larde Drit Gräte Dritt andri Gratt andre biller folle	
		438 WEST 67TH ST.				
P.O. BOX 9520		P.O. BOX 9520				
JACKSONVILLE FL	32208-0520	JACKSONVILLE FL 322	208-0520	3. Date Incorporated or Qualifie	d 3a. Date of Last Report	
				12/11/1980	04/17/1995	
2. Principal Place of I	Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2144931	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Hequired	
City & State		Gity & State		Election Campaign Financing Trust Fund Contribution	40,00	
Zip	Country	Zip	Country		Added to Fees	
24	25	29	30	Florida Statutes	or intangible tax under s. 199.032, ☐ Yes ☐ No	
	Name and Address of Current		1001	10. Name and Address of New		
			81 Na	me		
DAVID H BUS	SF		82 00	eet Address IP O. Boy Number is Not Acces	falder	
438 WEST 67TH STREET			B2 50	82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILL			83			
JACKSONVILL	-				No. 7- O-1-	
5, 10, 1001111LL			84 Crt	у	FL 85 Zip Code	
11. Pursuant to the p	provisions of Sections 617.0502	and 617.1508, Florida Statut	es, the above name	d corporation submits this statement for the	purpose of changing its registered office	
or registered age familiar with, and	ent, or both, in the State of Florid Laccept the obligations of, Section	la. Such change was authoriz on 617.0503. Florida Statuter	ed by the corporation	on's board of directors. I hereby accept the a	ppointment as registered agent. I am	
SIGNATURE	and the same of th		•			
	e, typed or printed han c of registered agent a	and title it applicable (NC	OTE Registered Agent signa	store required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		FEICERS AND DIRECTORS IN 12	
TITLE ED		DELETE	1.1 TITLE	DAVID H. BUSSE	Change Addition	
NAME DA	IVD H BUSSEE		1.2 NAME	COMPLACE LADE		
STREET ADDRESS S	SPY GLASS LANE		1.3 STREET ADDR	ESS 11 SPYGLASS LAUE PONTE VERLAS BOACH	FI	
CITY-SI-ZIP PO	inte vedra beach fl	er er en en en er er en	1 4 CITY - ST - ZIP	PONTE VEXED BOSCH		
TITLE D		DELETE	2 1 TITLE		Change Addition	
	Bert Ernest, Jr.		22 NAME			
	60 LANCASTER TERRACE (#1101	23 STREET ADDRI	FSS		
	<u>CKSONVILLE FL</u>		2 4 CITY - ST - 2IP			
TITLE		DELETE	3 1 TITLE	P	Change 🔲 Addition	
	WARD MCCARTHY, JR.		3.2 NAME			
	38 FREDERICA PLACE		3 3 STREET ADDR	ESS		
	CKSONVILLE FL	- Delete	34 CITY-ST-ZIP	· .		
TITLE		DELETE	4 1 TITLE	ASU JAMES H PARA	Change Addition	
	OUGLAS J MILNE		4 2 NAME	REV. JAMES H. COOPE	•	
1	95 LEXINGTON AVENUE		4 3 STREET ADDR	CALIBRIANDA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	2200-	
	CKSONVILLE FL	Voc. exc	4.4 CITY - ST - ZIP	PONTE VEDRA BOACH, F	C 32012	
TITLE D		DELETE	5 1 TITLE	EDALY A MACHUTT	Change Addition	
	V GRAND D SIEGFRIED		5 2 NAME	11079 ALIBARIA	Ack	
	33 SAN JOSE BLVD		5.3 STREET ADDR	FRANCIS MACHUTT PL 4979 RAUBNBL PL JACKONVILLE, PL	2221	
	CKSONVILLE FL	DELETE	5 4 CITY - ST - ZIP	VITABONIFICE, FL 3	Change Addition	
TILLE D	AUTH IAM	, MIDELETE	6 1 TITLE		☐ Change ☐ Addition	
	ASKELL, JOAN		6 2 NAME			
			63 STREET ADDR	ESS		
STREET ADDRESS 49	71 MORVEN ROAD					
STREET ADDRESS 49	CKSONVILLE FL	with this filing is unlimbarily for	6.4 CITY-ST-ZIP	quality for the exemption stated in Section 1	19 07/3/ki Florida Statutae Lifudhor	

INING OFFICER OR DIRECTOR