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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 755495 (9)

1. Corporation Name

CHRISTIAN HEALING MINISTRIES, INC.

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

3. Date Incorporated or Qualified: 12/11/1980
3a. Date of Last Report: 01/31/1996
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
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

DAVID H BUSSE
438 WEST 67TH STREET
JACKSONVILLE, FLORIDA
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ____________________
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	ED	☐ DELETE	1.1 TITLE	ED ☒ Change ☐ Addition
NAME	DAIVD H BUSSE		1.2 NAME	DAVID H BUSSE
STREET ADDRESS	11 SPYGLASS LANE		1.3 STREET ADDRESS	11 SPYGLASS LANE
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ALBERT ERNEST, JR.		2.2 NAME	ALBERT ERNEST, JR.
STREET ADDRESS	1560 LANCASTER TERRACE #1101		2.3 STREET ADDRESS	1560 LANCASTER TERRACE #1401
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	EDWARD MCCARTHY, JR.		3.2 NAME	EDWARD McCARTHY, JR.
STREET ADDRESS	1238 FREDERICA PLACE		3.3 STREET ADDRESS	1238 FREDERICA PLACE
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	C	☐ DELETE	4.1 TITLE	C ☒ Change ☐ Addition
NAME	COOPER, JAMES H		4.2 NAME	JAMES H. COOPER
STREET ADDRESS	P O BOX 1558		4.3 STREET ADDRESS	PO BOX 1558 (STREET ADDRESS N/A)
CITY-ST-ZIP	POINTE VEDRA BEACH FL		4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D	☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MACNUTT, FRANCES		5.2 NAME	FRANCIS S. MACNUTT
STREET ADDRESS	4879 RAVENEL PLACE		5.3 STREET ADDRESS	4879 RAVENEL PLACE
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 [illegible] DAVID H BUSSE 4/7/97 (904) [illegible]

CR2E037 (9/96)