2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **755495** 1. Entity Name CHRISTIAN HEALING MINISTRIES, INC. 04-05-2000 90062 026 ****61.25 Principal Place of Business Mailing Address 438 WEST 67TH ST. 438 WEST 67TH ST. P.O. BOX 9520 P.O. BOX 9520 JACKSONVILLE FL 32208-0520 JACKSONVILLE FL 32208-0520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2144931 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O. Box Number is Not Ac DAVID H BUSSE 438 WEST 67TH STREET JACKSONVILLE, FLORIDA Zip Code JACKSONVILLE JACKSONVILLE FL 32208 32208 8. 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. Robert M. FalliV Registered Agent signature required when reinstati Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ED Change ☐ Addition TITLE 🔀 Delete TITLE BUSSE, DAVID H NAME NAME 11 SPYGLASS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ Delete ☐ Change ☐ Addition DT TITLE TITLE COLEMAN, J R NAME NAME STREET ADDRESS 4337 PABLO OAKS CT STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL 32224 ☐ Change ☐ Addition DC: TITLE ☐ Delete TITLE WILLIAMS, III C J NAME NAME STREET ADDRESS STREET ADDRESS 803 N MYRTLE AVE CITY-ST-ZIP CITY-ST-ZIP JAX FL 32203 TITLE Change ☐ Addition TITLE DS ☐ Delete CERVENY, EMMY P NAME NAME STREET ADDRESS STREET ADDRESS 3711 ORTEGA BLVD CITY-ST-ZIP JAX FL 32210 CITY-ST-ZIP DIRECTOR PRESIDENT TITLE ☐ Delete TITLE Change **X** Addition MACNUTT, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 4879 RAVENEL PLACE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete M Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP 12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if

THATTY MAC NATH VP/Dia 3/30/60