

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90014 024 ****70.00

DOCUMENT # 755495	
1. Entity Name CHRISTIAN HEALING MINISTRIES, INC.	

Principal Place of Business 438 WEST 67TH ST. P.O. BOX 9520 JACKSONVILLE FL 32208-0520	Mailing Address 438 WEST 67TH ST. P.O. BOX 9520 JACKSONVILLE FL 32208-0520
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2144931		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENKINS, MERLE L 438 WEST 67TH ST JACKSONVILLE FL 32208		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MACNUTT, JUDITH 4979 RAVENEL PLACE JACKSONVILLE FL 32225 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB COLEMAN, J R 3583 NEDRICK ST JACKSONVILLE FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 3583 Nedrick St. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, III C J 803 N MYRTLE AVE JAX FL 32203 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB LEE ANN RUMMELL 2538 RIVER ROAD JACKSONVILLE, FL 32207-4019 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CERVENY, EMMY P 3711 ORTEGA BLVD JAX FL 32210 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACNUTT, FRANCIS 4879 RAVENEL PLACE JACKSONVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, TAYLOR M 3446 ST JOHNS AVE STE 124 JACKSONVILLE FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith C MacNutt* **3-23-04** **904-765-3332**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #