2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 755495

1. Entity 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

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01172006 No Chg-NP CR2E037 (11/05)

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	MACNUTT, JUDITH
STREET ADDRESS	4979 RAVENEL PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DCOB
NAME	RUMMELL, LEE ANN
STREET ADDRESS	2536 RIVER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 322074019
TITLE	DS
NAME	CERVENY, EMMY P
STREET ADDRESS	3711 ORTEGA BLVD
CITY-ST-ZIP	JAX, FL 32210
TITLE	DP
NAME	MACNUTT, FRANCIS
STREET ADDRESS	4979 RAVENEL PLACE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DT
NAME	SMITH, TAYLOR M
STREET ADDRESS	4162 OXFORD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000001500838
04/25/06-80040-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MacNutt 4-5-06 904-765-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Judith MacNutt — Date — Daytime Phone #