2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 755495

Entity Name: CHRISTIAN HEALING MINISTRIES, INC.

Current Principal Place of Business:

438 WEST 67TH ST.
P.O. BOX 9520
JACKSONVILLE, FL 322080520

New Principal Place of Business:

438 WEST 67TH ST.
JACKSONVILLE, FL 322080520

Current Mailing Address:

438 WEST 67TH ST.
P.O. BOX 9520
JACKSONVILLE, FL 322080520

New Mailing Address:

FEI Number: 59-2144931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JENKINS, MERLE L
438 WEST 67TH ST
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACNUTT, JUDITH
Address: 4979 RAVENEL PLACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: DCOB ( ) Delete
Name: RUMMELL, LEE ANN
Address: 2538 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 322074019

Title: DS ( ) Delete
Name: CERVENY, EMMY P
Address: 3711 ORTEGA BLVD
City-St-Zip: JAX, FL 32210

Title: CHAI ( ) Delete
Name: MACNUTT, FRANCIS
Address: 4879 RAVENEL PLACE
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete
Name: SMITH, TAYLOR M
Address: 4118 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CHAI (X) Change ( ) Addition
Name: MACNUTT, FRANCIS
Address: 4879 RAVENEL PLACE
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERLE L. JENKINS VP 04/20/2009
Electronic Signature of Signing Officer or Director — Date