

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90120 008 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete
NAME **MACNUTT, JUDITH**
STREET ADDRESS **4979 RAVENEL PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DCOB** ☐ Delete
NAME **COLEMAN, J R**
STREET ADDRESS **3583 NEDRICK ST**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILLIAMS, III C J**
STREET ADDRESS **803 N MYRTLE AVE**
CITY-ST-ZIP **JAX FL 32203**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **CERVENY, EMMY P**
STREET ADDRESS **3711 ORTEGA BLVD**
CITY-ST-ZIP **JAX FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **MACNUTT, FRANCIS**
STREET ADDRESS **4879 RAVENEL PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ Change ☐ Addition
NAME **MACNUTT, FRANCIS**
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **SMITH, TAYLOR M**
STREET ADDRESS **3446 ST JOHNS AVE STE 124**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Francis MacNutt **REQUIRED**

3/12/03

904-765-3332

CR2E037 (10/02)