

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755495

Entity Name: CHRISTIAN HEALING MINISTRIES, INC.**Current Principal Place of Business:**438 WEST 67TH ST.
JACKSONVILLE, FL 32208-0520**Current Mailing Address:**438 WEST 67TH ST.
JACKSONVILLE, FL 32208-0520 US**FEI Number:** 59-2144931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCARTHY, EDWARD III
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207 US*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

Officer/Director Detail :

Title P, D
Name MACNUTT, JUDITH
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title C, D
Name RUMMELL, LEE ANN
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name MCCARTHY, EDWARD III
Address 1301 RIVERPLACE BLVD STE 1500
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name DEARING, THE HON. PETER L.
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name FRANCIS, JAMES D.
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name PAUL, ERICA
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name PENNINGTON, CAROL SHIPLEY
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title T, D
Name SAPP, NORMAN
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

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I hereby 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 all other like empowered.

SIGNATURE: EDWARD MCCARTHY, III**DIRECTOR****03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title S, D
Name SIMPSON, PAGE
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name CERVENY , EMMY
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name RUMMELL, MAHALA
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name FARAH, GREG
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name MARTIN, CHARLES
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name MACNUTT, DAVID
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520

Title D
Name SMITH, VIRGINIA M
Address 438 WEST 67TH ST.
City-State-Zip: JACKSONVILLE FL 32208-0520