2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# N03000002958

Entity Name: GORDON'S HEALING MINISTRIES, "HE TOUCHED ME", INC.

Current Principal Place of Business:

1139 EDITH DRIVE
DAYTONA BEACH, FL 321173934 US

New Principal Place of Business:

Current Mailing Address:

1139 EDITH DRIVE
DAYTONA BEACH, FL 321173934

New Mailing Address:

FEI Number: 59-1493524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RIVERS-GORDON, NORMA WATLEY
1139 EDITH DRIVE
DAYTONA BEACH, FL 321173934 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:	RIVERS-GORDON, NORMA WATLEY	
Address:	1139 EDITH DRIVE	
City-St-Zip:	DAYTONA BEACH, FL 321173934	
Title:	VD	( ) Delete
Name:	RIVERS STANLEY, NICHELLE D	
Address:	1717 MASON AVE., APT. 422	
City-St-Zip:	DAYTONA BEACH, FL 32117	
Title:	VD	( ) Delete
Name:	STANLEY, PAUL SR.	
Address:	1017 LEWIS DRIVE	
City-St-Zip:	DAYTONA BEACH, FL 32117	
Title:	STD	( ) Delete
Name:	BULLARD, SHIRLEY	
Address:	848 OAK STREET	
City-St-Zip:	DAYTONA BEACH, FL 321143597	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMA W RIVERS-GORDON PD 04/11/2006

Electronic Signature of Signing Officer or Director — Date