2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002958

FILED Mar 19, 2007 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business:

1139 EDITH DRIVE

DAYTONA BEACH, FL 321173934 US

Current Mailing Address: New Mailing Address:

1139 EDITH DRIVE

DAYTONA BEACH, FL 321173934

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERS-GORDON, NORMA WATLEY 1139 EDITH DRIVE DAYTONA BEACH, FL 321173934 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Name:

RIVERS-GORDON, NORMA WATLEY

1139 EDITH DRIVE Address:

City-St-Zip: DAYTONA BEACH, FL 321173934

Title: () Delete RIVERS STANLEY, NICHELLE D Name: Address: 1717 MASON AVE., APT. 422 City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Delete STANLEY, PAUL SR. Name: 1017 LEWIS DRIVE Address:

City-St-Zip: DAYTONA BEACH, FL 32117

Title: STD () Delete

Name: BULLARD, SHIRLEY Address: 848 OAK STREET

DAYTONA BEACH, FL 321143597 City-St-Zip:

(X) Change () Addition

RIVERS-GORDON, NORMA WATLEY Name:

Address: 1139 EDITH DRIVE

City-St-Zip: DAYTONA BEACH, FL 321173934 US

Title: (X) Change () Addition Name: RIVERS STANLEY, NICHELLE D Address: 1717 MASON AVE., APT, 422 City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: (X) Change () Addition

STANLEY, PAUL SR. Name: Address: 1017 LEWIS DRIVE

City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: STD (X) Change () Addition

Name: BULLARD, SHIRLEY Address: 848 OAK STREET

PD

City-St-Zip: DAYTONA BEACH, FL 321143597 US

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 WATLEY RIVERS-GORDON

Electronic Signature of Signing Officer or Director

Date

03/19/2007