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Jun 13, 2005 8:00 am
Secretary of State
04-25-2005 90214 017 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000000564

1. Entity Name
CARING HANDS WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
5814 PARTRIDGE DRIVE ORLANDO FL 32810	5814 PARTRIDGE DRIVE ORLANDO FL 32810

bbU66000

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
4212 S. Rio Grande Ave Suite, Apt. #, etc. ste 208	4212 S. Rio Grande Ave. Suite, Apt. #, etc. ste 208
City & State Orlando, Florida	City & State Orlando, Florida
Zip: 32839 Country: Orange	Zip: 32839 Country: Orange

4. FEI Number: 74-3103822 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODEN, EARL F BISHOP
5814 PARTRIDGE DRIVE
ORLANDO FL 32810

7. Name and Address of New Registered Agent

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 _____ DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODEN, EARL F BISHOP 5814 PARTRIDGE DRIVE ORLANDO FL 32810 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODEN, EYVONNE W SR PAST 5814 PARTRIDGE DRIVE ORLANDO FL 32810 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Russell Crosley 275 East Central Parkway, Apt. 817 Altamonte Spring, Florida 32705 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRESPO, SAMUEL PASTOR 10635 HUNTRIDGE RD. ORLANDO FL 32825 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRESPO, CARMEN L PASTOR 10635 HUNTRIDGE RD. ORLANDO FL 32825 [X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Rochelle Crosley 275 East Central Parkway, Apt. 817 Altamonte Spring, Florida 32705 [ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODEN, DAVID J PASTOR 850 GRAND REGENCY POINTE ORLANDO FL 32714 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODEN, STEPHANIE PASTOR 850 GRAND REGENCY POINTE ORLANDO FL 32714 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

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: Earl F. Gooden 05/10/05 407-236-0979
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #