

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2006
Secretary of State**

DOCUMENT# N05000002502

Entity Name: THE HEALING CHURCH OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

441 OLOLU DR
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

PO BOX 941713
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 20-2404303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRASHEAR, EUPHEMA
441 OLOLU DR
WINTER PARK, FL 32789 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: P () Delete
Name: BRASHEAR, EUPHEMA
Address: 441 OLOLU DR
City-St-Zip: WINTER PARK, FL 32789

Title: S () Delete
Name: BRASHEAR, STEVEN
Address: 441 OLOLU DR
City-St-Zip: WINTER PARK, FL 32789

Title: T () Delete
Name: JACKS, CHARLENE
Address: 4730 GRAPEVINE WAY
City-St-Zip: DAVIE, FL 33331

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:

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: EUPHEMA BRASHEAR

P

01/24/2006

Electronic Signature of Signing Officer or Director

Date