

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007404

FILED
May 01, 2009
Secretary of State

Entity Name: G. E. T. HEALTH MINISTRY INC.

Current Principal Place of Business:

6754 SIENNA CLUB DR
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

6754 SIENNA CLUB DR
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 14-1975916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARRETT, CLIFTON A
6754 SIENNA CLUB DR
LAUDERHILL, FL 33319 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHABEE, MILTON
Address: 10277 NW 52 LN
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: MAHABEE, LINDA
Address: 10277 NW 52 LN
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: BARRETT, AVA L
Address: 6754 SIENNA CLUB DR
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BARRETT, CLIFTON A
Address: 6754 SIENNA CLUB DR
City-St-Zip: LAUDERHILL, FL 33319

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 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: CLIFTON BARRETT

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date