

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003095

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** JABEZ HEALING MINISTRIES INC.

**Current Principal Place of Business:**

1751 BISCAYNE BAY CIR  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 26537  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

**FEI Number:** 80-0377676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARRIS, SHIRLEY C MISS  
1751 BISCAYNE BAY CIR  
JACKSONVILLE, FL 32218 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:** PRES  
**Name:** HARRIS, SHIRLEY C MISS  
**Address:** 1751 BISCAYNE BAY CIR  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** VP  
**Name:** MATTHEWS, SHERLENE MRS  
**Address:** 252 WEST 68TH STREET  
**City-St-Zip:** JACKSONVILLE, FL 32208 US

**Title:** TREA  
**Name:** DOWLING, KENNETH E SR  
**Address:** 1751 BISCAYNE BAY CIR  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** SEC.  
**Name:** DOWLING, KENNETH E JR  
**Address:** 1751 BISCAYNE BAY CIR  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

**SIGNATURE:** SHIRLEY C. HARRIS

PRES

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date