

2009 CORPORATION ANNUAL REPORT

DOCUMENT# N09000012095

FILED
Apr 27, 2009
Secretary of State**Entity Name:** CHRISTIAN HEALING CENTER, INC.**Current Principal Place of Business:**4070 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127**New Principal Place of Business:**4170 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127**Current Mailing Address:**4070 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127**New Mailing Address:**P. O> BOX 731147
ORMOND BEACH, FL 32173**FEI Number:** 33-1205695**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MURRAY, DANIEL
58 MAYFIELD TERRACE
ORMOND BEACH, FL 32174 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**Election Campaign Financing Trust Fund Contribution ().****OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: MURRAY, DANIEL
Address: 58 MAYFIELD TERRACE
City-St-Zip: ORMOND BEACH, FL 32174**Title:** D () Delete
Name: DEAR, TYRREL
Address: 722 MARINA POINT DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MRS. () Change (X) Addition
Name: SAUSE, HANNA
Address: 48 MAYFIELD TERRACE
City-St-Zip: ORMOND BEACH, FL 32174

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL G. MURAY

D

04/27/2009

Electronic Signature of Signing Officer or Director_____
Date