

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001167

FILED
Apr 04, 2012
Secretary of State

Entity Name: GO2CHRIST HEALTH MINISTRIES INC.

Current Principal Place of Business:

7 FLINT PLACE
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

7 FLINT PLACE
PALM COAST, FL 32137

New Mailing Address:

P.O. BOX 352133
PALM COAST, FL 32135

FEI Number: 27-4659326

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
STE A
TAMPA, FL 33612 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: DP
Name: MCKENZIE, CAMILLE
Address: 7 FLINT PLACE
City-St-Zip: PALM COAST, FL 32137

Title: DS
Name: BROWN, CURLINE
Address: FULLERSWOOD DISTRICT ARLINGTON PO
City-St-Zip: ST ELIZABETH JAMAICA W. INDI, XX XX

Title: DT
Name: MITCHELL, EVADNE
Address: 1912 E 51ST
City-St-Zip: BROOKLYN, NY 11234 XX

Title: DT
Name: ROSE, NORMA
Address: 32 FERNDAL LANE
City-St-Zip: PALM COAST, FL 32137

Title: DVP
Name: MCKENZIE, HEPBURN
Address: 7 FLINT PLACE
City-St-Zip: PALM COAST, FL 32137

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: CAMILLE MCKENZIE

DP

04/04/2012

Electronic Signature of Signing Officer or Director

Date