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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005433			
1. Corporation Name HEALING TOUCH MINISTRIES, INC.			
Principal Place of Business 6 LAKESIDE DRIVE OCALA FL 34482		Mailing Address 6 LAKESIDE DRIVE OCALA FL 34482	



2. Principal Place of Business 21 1847 TOURNAMENT DR. Suite, Apt. #, etc.		2a. Mailing Address 26 1847 TOURNAMENT DR. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/21/1996	
22 Apopka, FL City & State		27 Apopka City & State		4. FEI Number 59-3425933	
23 32712 Zip		28 FLORIDA Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 ORANGE Country		29 32712 Zip		30 ORANGE Country	
9. Name and Address of Current Registered Agent RAMSEY, SUSAN 6 LAKESIDE DRIVE OCALA FL 34482				10. Name and Address of New Registered Agent 81 Name RAMSEY, SUSAN 82 Street Address (P.O. Box Number is Not Acceptable) 1847 TOURNAMENT DR 83 84 City Apopka FL 85 Zip Code 32712	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SUSAN	1.2 NAME	RAMSEY, SUSAN
STREET ADDRESS	6 LAKESIDE DRIVE	1.3 STREET ADDRESS	1847 TOURNAMENT DR
CITY-ST-ZIP	OCALA FL 34482	1.4 CITY-ST-ZIP	Apopka, FL 32712
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANN, DIANE	2.2 NAME	
STREET ADDRESS	9500 N APPHA BUD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, LORRI	3.2 NAME	
STREET ADDRESS	822 SE 33 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Susan Ramsey **August 26, 1999** **407 814-6832**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001013

CR2E037 (1/98)