

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001049

1. Corporation Name

GOD'S HEALING HANDS MINISTRY INCORPORATED

Principal Place of Business

8424 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

Mailing Address

4422 S.W. DAEMON ST.
PORT ST. LUCIE FL 34953



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/20/1997

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, DARRELL D PASTOR
4422 S.W. DAEMON STREET
PORT ST. LUCIE FL 34953-6572

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Darrell D. Anderson

Darrell D. Anderson

2-1-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
ANDERSON, DARRELL D
4422 S.W. DAEMON ST.
PORT ST. LUCIE FL 34953

TITLE NAME ☐ DELETE

T
ANDERSON, SHARNET L
4422 S.W. DAEMON ST.
PORT ST. LUCIE FL 34953

TITLE NAME ☐ DELETE

ST
SERRAHO, LISA J
2488 ATLANTIS DR. #4
FT. PIERCE FL 34981

TITLE NAME ☐ DELETE

T
SIXTOS, PEGGY A
3300 SOUTH 7TH ST., APT. C
FT. PIERCE FL 34982

TITLE NAME ☐ DELETE

T
DELGADO, JAMIE
34035 35TH ST. #101
FT. PIERCE FL 34981

TITLE NAME ☐ DELETE

ST
SERRANO, LISA J
2488 ATLANTIS DR. #4
FT. PIERCE FL 34981

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Darrell D. Anderson

2-1-99

561-343-0845

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CR2E037 (1/98)

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TALLAHASSEE, FLORIDA