

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001049

Corporation Name

1

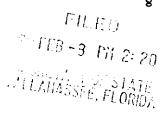
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GOD'S HEALING HANDS MINISTRY INCORPORATED

LUNCAPRI LINGO OL DOPINIO	20
8424 S. FEDERAL HIGHWA	ΑY
PORT ST. LUCIE FL 3495	2

Mailing Address

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



2. Principal P	lace of Business	Ža.	Mailing Address			3. Date Incorporated or Qualifed		
24	ios of position	26				02/20/1997		
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number	Applied For	
22		27				,	Not Applicable	
City & Stat	e	28	City & State			5. Certifcate of Status Desired	8.75 Additional Fee Required	
Zip	Country		Zip	Country	,	6. Election Campaign Financing	\$5.00 May Be	
24	25	29	. [3	10		Trust Fund Contribution	Added to Fees	
<u> </u>	9. Name and Address of Curren	t Regist				10. Name and Address of New Registered Age	int	
				81	Name			
ANDERSO	ON, DARRELL D PASTOR			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	/. DAEMON STREET			"				
	. LUCIE FL 34953-6572			83				
10111011	. 600/2 12 01000 00/2			84	City		35 Zip Code	
				•	City	FL	2 P Code	
office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligation of the control of t	2 and 61 of Florid tiops of	7.1508, Florida Statutes a. Such change was aut Section 617.0503, Florid	the above thorized by da Statute:	re-named of the corpo	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the appointment of the appointment of the purpose of the appointment of t	inging its registered ent as registered	
SIGNATURE	Signature, typed or printed name of registered eger	nt and title if	apolicable (NOTE: R	egistered Age	nt signature re			
12.	OFFICERS AN	D DIRE	*** ****	13.		ADDITIONS/CHANGES TO OFFICERS AND (
TITLE	PD		☐ DELETE	1.1 TITLE			Change Addition	
NAME	ANDERSON, DARRELL D			1.2 NAME				
STREET ADDRESS	4422 S.W. DAEMON ST.	ON ST. 13 STR		1.3 STREE	TADDRESS	1000027733221 25 		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953			1.4 CITY-3	ST-ZIP	-02/11/9901	374010	
TITLE] T		DELETE	2.1 TITLE		*****76.25 ⁵	Į⊊nange, γς∟ (hellion	
NAME	ANDERSON, SHARNET L			2.2 NAME				
STREET ADDRESS	1			2.3 STREE	TADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE FL 34953			2.4 CITY+	ST-ZIP		70.	
TITLE) ST		☐ DELETE	3.1 TITLE		L.	Change	
NAME	SERRAHO, LISA J			3.2 NAME				
STREET ADDRESS				3.3 STREE	TADORESS			
CITY-ST-ZIP	FT. PIERCE FL 34981			3.4. C/TY-	ST-ZIP			
TITLE	T		DELETE	4.1 TITLE		L	Change	
NAME	SIXTOS, PEGGY A			4. 2 NAME	ŀ			
STREET ADDRESS				4.3 STREE	TADORESS			
CITY-ST-ZIP	FT. PIERCE FL 34982			4.4 CITY-5	ST-ZIP			
TITLE	T		☐ DELETE	5.1 TITLE	į	L.	Change Addition	
NAME	DELGADO, JAMIE			5.2 NAME				
STREET ADDRESS	34035 35TH ST. #101				TADORESS		_	
CFTY-ST-ZIP	FT. PIERCE FL 34981			5.4 CITY-	ST-ZIP			
TITLE	ST		☐ DELETÉ	6.1 TITLE			Change Addition	
NAME	SERRANO, LISA J			6.2 NAME			ー イドスか	
STREET ADDRESS	2488 ATLANTIS DR. #4			6.3 STREE	TADDRESS		2191	
1	I					1	A 1~	

14. Thereby 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 suppliemental 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:

Daniel D. Adeison III

2-1-99

561-343-0845

CR2E037 (11/98)