

2000 UNIFORM BUSINESS REPORT (UBR)

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0076478

DOCUMENT # N97000001049

1. Entity Name

GOD'S HEALING HANDS MINISTRY INCORPORATED

FILED

00 OCT -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8424 S. FEDERAL HIGHWAY
PORT ST. LUCIE FL 34952

Mailing Address

4422 S.W. DAEMON ST.
PORT ST. LUCIE FL 34953-6572

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

08/09/00 90085 USU 6125
4. FEI Number 85-0233851
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, DARRELL D	
STREET ADDRESS	4422 S.W. DAEMON ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, SHARNET L	
STREET ADDRESS	4422 S.W. DAEMON ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SERRAHO, LISA J	
STREET ADDRESS	2488 ATLANTIS DR. #4	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIXTOS, PEGGY A	
STREET ADDRESS	3300 SOUTH 7TH ST., APT. C	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DELGADO, JAMIE	
STREET ADDRESS	34035 35TH ST. #101	
CITY-ST-ZIP	FT. PIERCE FL 34981	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SERRANO, LISA J	
STREET ADDRESS	2488 ATLANTIS DR. #4	
CITY-ST-ZIP	FT. PIERCE FL 34981	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Darrell D. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



Department of the Treasury
Internal Revenue Service

PHILADELPHIA, PA 19255

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In reply refer to: 5498022650
Sep. 29, 2000 LTR 147C
65-0733851 000000 00 000
01092

GODS HEALING HANDS MINISTRY
% SHARNET ANDERSON TREAS
4422 SW DAEMON ST
PORT ST LUCIE FL 34953-6572222

Employer Identification Number: 65-0733851

IRS Control Number:

Dear Taxpayer:

Thank you for the inquiry dated Sep. 20, 2000.

This letter confirms that your employer identification number (EIN) as shown on our records is 65-0733851 and your name as shown on our records is God's Healing Hands Ministry

Please attach a copy of this letter to a copy of the "B" Notice you received and return both items to the payer(s) who requested verification of your EIN.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____