

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90119 030 \*\*\*\*70.00

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**DOCUMENT # N97000001049**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0733851**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	<del>SIXTOS, PEGGY A</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>3300 SOUTH 7TH ST., APT C</del>	
STREET ADDRESS	<del>FT. PIERCE FL 34982</del>	
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Latoyn Paranza T	
STREET ADDRESS	1108 Pumpkin Lane Road	
CITY-ST-ZIP	Port Pierce FL 34982	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Clifton Wilson A	
STREET ADDRESS	2054 S.E Camilo ST	
CITY-ST-ZIP	Port St Lucie fl 34952	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	EROL Boyd M.	
STREET ADDRESS	537 S.W. Newcastle	
CITY-ST-ZIP	Port St Lucie fl 34986	

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		

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

4-23-01

Date

561-340-3135

Daytime Phone #

CR2E037 (10/00)