2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N97000001049

Entity Name: GOD'S HEALING HANDS MINISTRY INCORPORATED

Current Principal Place of Business:

4422 S.W DAEMON ST.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0733851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DARRELL D PASTOR
4422 S.W. DAEMON STREET
PORT ST. LUCIE, FL 349536572 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ANDERSON, DARRELL D
Address: 4422 S.W. DAEMON ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Delete
Name: ANDERSON, SHARNET L
Address: 4422 S.W. DAEMON ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T ( ) Delete
Name: WILSON, CLIFTON A
Address: 2054 SE CAMILO ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S ( ) Delete
Name: NOBLE, DAISY B
Address: 1922 SW SAGA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL D. ANDERSON P 04/28/2008

Electronic Signature of Signing Officer or Director — Date