

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90142 047 \*\*\*\*70.00

**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

**6960 Heritage Drive**  
Suite, Apt. #, etc.  
**Port St Lucie FL**  
City & State

3. Mailing Address

**4422 S.W. Daemon St**  
Suite, Apt. #, etc.  
**Port St Lucie FL**  
City & State



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0733851**

Applied For

Not Applicable

Zip **34952**

Country **USA**

Zip **34953**

Country **USA**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darrell D. Anderson* **Darrell D. Anderson** **4-21-03**  
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  
Florida 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	T	<input type="checkbox"/> Delete
NAME	WILSON, CLIFTON A	
STREET ADDRESS	2054 SE CAMILO ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOBLE, DAISY B	
STREET ADDRESS	1922 SW SAGA ST.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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* **Darrell D. Anderson** **4-21-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)