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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000981

1. Corporation Name

GENERATIONAL HEALING MINISTRIES, INC.

Principal Place of Business

4129 OXFORD AVE.
JACKSONVILLE FL 32210

Mailing Address

4129 OXFORD AVE.
JACKSONVILLE FL 32210



2. Principal Place of Business

21 **7776 MacDougal Dr.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **7776 MacDougal Dr.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/18/1998

4. FEI Number

59-3525696

Applied For

Not Applicable

City & State

23 **Jacksonville, FL**

City & State

28 **Jacksonville, FL**

Zip

32244 Country **DUVAL**

Zip

32244 Country **DUVAL**

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, PATRICIA A
4129 OXFORD AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

7776 MacDougal Dr.

83

84 City

Jacksonville

FL

85 Zip Code

32244

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Patricia A. Smith**

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

(NOTE: Registered Agent signature required when reinstating)

February 22, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **P/D Patricia A. Smith**
1.3 STREET ADDRESS **7776 MacDougal Dr.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32244**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T/D JANE SCHOONOVER**
2.3 STREET ADDRESS **64 STARAFARM Rd**
2.4 CITY-ST-ZIP **Middleburg, FL 32068**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S/D CHRISTINE ATKIN**
3.3 STREET ADDRESS **530 BOSTON Neck Rd.**
3.4 CITY-ST-ZIP **NORTH KINGSTOWN, RI 02882**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D CHRIS SOREY**
4.3 STREET ADDRESS **1329 MUSCOVY DR.**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D ROBERT SOREY**
5.3 STREET ADDRESS **1329 MUSCOVY DR**
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D FRANCES NASH**
6.3 STREET ADDRESS **505 LANCASTER ST.**
6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32204**

14. 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 annual report or supplemental 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: **Patricia A. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 22, 1999 904-771-3938

Date

Daytime Phone #

CR2E037 (11/98)