

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000981**

1. Entity Name

GENERATIONAL HEALING MINISTRIES, INC.**FILED**
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 037 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7776 MACDOUGALL DR. JACKSONVILLE FL 32244		Mailing Address 7776 MACDOUGALL DR. JACKSONVILLE FL 32244-5562	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3525596		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, PATRICIA A 7776 MACDOUGALL DR. JACKSONVILLE FL 32244		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PATRICIA A 7776 MACDOUGALL DR. JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nash, William 505 Lancaster St. Jacksonville, FL 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOONOVER, JANE 64 STARAFARM RD. MIDDLEBERG FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D O'NEILL, Brenda 8318 SAND POINT DRIVE Jacksonville, FL 32244 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD ATKINS, CHRISTINE 530 BOSTON NECK RD. N. KINGSTOWN RI 02882 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOREY, CHRIS 1329 MUSCOVY DR. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOREY, ROBERT 1329 MUSCOVY DR. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, FRANCES 505 LANCASTER ST. JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Patricia A. Smith</u> 3/16/00 904-771-5938 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E037 (9/99)