

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000981

1. Entity Name

GENERATIONAL HEALING MINISTRIES, INC.

Principal Place of Business

7776 MACDOUGALL DR.  
JACKSONVILLE FL 32244

Mailing Address

7776 MACDOUGALL DR.  
JACKSONVILLE FL 32244

2. Principal Place of Business

1776 MacDougall Dr

Suite, Apt. #, etc.

Jacksonville, FL

City & State

32244 USA

Zip

Country

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3525596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

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	SMITH, PATRICIA A	
STREET ADDRESS	7776 MACDOUGALL DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHOONOVER, JANE	
STREET ADDRESS	64 STARAFARM RD.	
CITY - ST - ZIP	MIDDLEBERG FL 32088	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATKINS, CHRISTINE	
STREET ADDRESS	530 BOSTON NECK RD.	
CITY - ST - ZIP	N. KINGSTOWN RI 02882	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOREY, CHRIS	
STREET ADDRESS	1329 MUSCOVY DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOREY, ROBERT	
STREET ADDRESS	1329 MUSCOVY DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASH, FRANCES	
STREET ADDRESS	505 LANCASTER ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NASH, WILLIAM	
STREET ADDRESS	505 LANCASTER ST	
CITY - ST - ZIP	JACKSONVILLE, FL 32204	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA O'NEILL	
STREET ADDRESS	8318 Sand Point Dr S	
CITY - ST - ZIP	Jacksonville, FL 32244	
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)(f), 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:

PATRICIA A. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01 904-771-3938

Date

Daytime Phone #

FILED  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90025 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)