

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000981

FILED
Jun 07, 2004
Secretary of State

Entity Name: GENERATIONAL HEALING MINISTRIES, INC.

Current Principal Place of Business:

7776 MACDOUGALL DR
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7776 MACDOUGALL DR.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-3525596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, PATRICIA A
7776 MACDOUGALL DR.
JACKSONVILLE, FL 32244

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: SMITH, PATRICIA A
Address: 7776 MACDOUGALL DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: SCHOONOVER, JANE
Address: 64 STARAFARM RD.
City-St-Zip: MIDDLEBERG, FL 32068

Title: SD () Delete
Name: ATKINS, CHRISTINE
Address: 530 BOSTON NECK RD.
City-St-Zip: N. KINGSTOWN, RI 02882

Title: SB () Delete
Name: O'NEILL, BRENDA D
Address: 8313 SAND POINT DR. S.
City-St-Zip: JACKSONVILLE, FL 32244

Title: B () Delete
Name: PRICE, ELIZABETH C
Address: 408 FEARINGTON POST
City-St-Zip: PITTSBORO, NC 27312

Title: B () Delete
Name: SMITH, EISTON F
Address: 7776 MACDONALD DR. S.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: B (X) Change () Addition
Name: ATKINS, CHRISTINE
Address: 530 BOSTON NECK RD.
City-St-Zip: N. KINGSTOWN, RI 02882

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 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 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: PATRICIA A. SMITH

PD

06/07/2004

Electronic Signature of Signing Officer or Director

Date