2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005
Secretary of State

DOCUMENT# N98000000981

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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:	B	( ) 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:	PD	(X) Change ( ) Addition
Name:	SMITH, PATRICIA A REV.	
Address:	7776 MACDOUGALL DR.	
City-St-Zip:	JACKSONVILLE, FL 32244	
Title:	B	(X) Change ( ) Addition
Name:	WILLIAMS, LLOYD REV.	
Address:	CHARTERS GARTH	
City-St-Zip:	HUTTON-LE-HOLE, YORK, YO Y062 6UD UK	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 P 05/16/2005

Electronic Signature of Signing Officer or Director — Date