

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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**



04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3525596

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000531247
05/06/06-80034-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, PATRICIA A REV.
7776 MACDOUGALL DR.
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
WILLIAMS, LLOYD REV.
CHARTERS GARTH
HUTTON-LE-HOLE, YORK, YO Y082 8UD**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
ATKINS, CHRISTINE
530 BOSTON NECK RD.
N. KINGSTOWN, RI 02882**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SB
O'NEILL, BRENDA D
8313 SAND POINT DR. S.
JACKSONVILLE, FL 32244**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
PRICE, ELIZABETH C
408 FEARINGTON POST
PITTSBORO, NC 27312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**B
SMITH, EISTON F
7776 MACDONALD DR. S.
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia A. Smith 4/20/06