

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90100 022 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3525596**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida 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 32068	
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 checked="" type="checkbox"/> Delete
NAME	SOREY, CHRIS	
STREET ADDRESS	1329 MUSCOVY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOREY, ROBERT	
STREET ADDRESS	1329 MUSCOVY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" 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	Secretary/Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA O'NEILL D	
STREET ADDRESS	8313 Sand Point Dr. S	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth C. Price D	
STREET ADDRESS	408 FEARINGTON POST	
CITY-ST-ZIP	PITTSBORO, NC 27312	
TITLE	Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elston F. Smith D	
STREET ADDRESS	7776 MACDOUGALL 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)(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: *Patricia A. Smith* **PATRICIA A. SMITH**

3/11/03

CR2E037 (10/02)