

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006226

FILED
Jan 08, 2004
Secretary of State**Entity Name:** THE CHARIS HEALING MINISTRIES, INC.**Current Principal Place of Business:**1515 NORTH UNIVERSITY DRIVE SUITE 205D
CORAL SPRINGS, FL 33064**New Principal Place of Business:**11776 WEST SAMPLE ROAD
SUITE 104
CORAL SPRINGS, FL 33065**Current Mailing Address:**1515 NORTH UNIVERSITY DRIVE SUITE 205D
CORAL SPRINGS, FL 33064**New Mailing Address:**11776 WEST SAMPLE ROAD
SUITE 104
CORAL SPRINGS, FL 33065**FEI Number:** 65-0868501**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHWEINLER, PAUL J
1515 NORTH UNIVERSITY DRIVE SUITE 205D
CORAL SPRINGS, FL 33064**Name and Address of New Registered Agent:**SCHWEINLER, PAUL J
11776 WEST SAMPLE ROAD
SUITE 104
CORAL SPRINGS, FL 33065

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: _____

01/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WELLES, JANET R
Address: 1515 N. UNIVERISTY DR., SUITE 205D
City-St-Zip: CORAL SPRINGS, FL 33071

Title: PD () Delete
Name: SCHWEINLER, PAUL J
Address: 1515 N. UNIVERISTY DR., SUITE 205D
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: MARTIN, MICHELLE H
Address: 1812 A. N. UNIVERSITY DR.
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WELLES, JANET R
Address: 11776 WEST SAMPLE ROAD, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD (X) Change () Addition
Name: SCHWEINLER, PAUL J
Address: 11776 WEST SAMPLE ROAD, SUITE 104
City-St-Zip: CORAL SPRINGS, FL 33065

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: THE REV. PAUL J. SCHWEINLER

PD

01/08/2004

Electronic Signature of Signing Officer or Director

Date