

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90003 041 ****70.00

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1. Corporation Name

CARING HANDS MINISTRY, INC.

Principal Place of Business
600 W. OAK RIDGE RD.
ORLANDO FL 32809

Mailing Address
P.O. BOX 680086-0086
ORLANDO FL 32868-0086



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/23/1998

22 City & State

27 City & State

4. FEI Number

59-3540885

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

24

25

29

30

6. Election Campaign Financing



Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODEN, EARL F ELDER
4424 MARTIN'S WAY APT.B
ORLANDO FL 32808

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GOODEN, EARL F ELDER
STREET ADDRESS 4424 MARTIN'S WAY, #B
CITY-ST-ZIP ORLANDO FL 32808

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOODEN, EYVONNE W
STREET ADDRESS 4424 MARTIN'S WAY, #B
CITY-ST-ZIP ORLANDO FL 32808

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GOODEN, DAVID J
STREET ADDRESS 4424 MARTIN'S WAY, #B
CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ENGLISH, KEVIN
STREET ADDRESS 5127 KARL LANE
CITY-ST-ZIP ORLANDO FL 32808

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ENGLISH, BRANDY
STREET ADDRESS 5127 KARL LANE
CITY-ST-ZIP ORLANDO FL 32808

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JORDAN, WILLIE ELDER
STREET ADDRESS 267 GARDENIA RD.
CITY-ST-ZIP KISSIMMEE FL 34743

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl F. Gooden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/99

Date

407-297-6558

Daytime Phone #

CR2E037 (1/98)