

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90037 017 \*\*\*\*70.00

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**DOCUMENT # N98000006764**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3540885**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**GOODEN, EARL F ELDER**  
~~4424 MARTIN'S WAY APT. B~~ *13403 GREENPOINTE DRIVE*  
~~ORLANDO FL 32808~~ *32824-6295*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODEN, EARL F ELDER</b> <del>4424 MARTIN'S WAY, #B</del> <del>ORLANDO FL 32808</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODEN, EYVONNE W</b> <del>4424 MARTIN'S WAY, #B</del> <del>ORLANDO FL 32808</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODEN, DAVID J</b> <del>4424 MARTIN'S WAY, #B</del> <del>ORLANDO FL 32808</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, EUGENE JR</b> 1997 N SHARON ROAD AVON PARK FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DORSEY, LARRY</b> 3426 PIPES OF THE GLEN WAY ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODEN, STEPHANIE M</b> <del>4424 MARTIN'S WAY APT B</del> <del>ORLANDO FL 32808</del>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Gooden, EARL F.</b> <i>13403 GREENPOINTE DRIVE 32824-6295</i> <i>Orlando, Florida 32824-6295</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UP/D</b> <b>Gooden, EYVONNE W.</b> <i>13403 GREENPOINTE DRIVE</i> <i>Orlando, Florida 32824-6295</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gooden David J.</b> <i>553 CALIBRE CREST PARK, Apt. 205</i> <i>Altamonte Spring, Florida 32714</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Williams, CLIVE</b> <i>553 CALIBRE CREST PARK, Apt. 205</i> <i>Altamonte Spring, Florida 32714</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bowman, Michael R.</b> <i>2233 RIO PINAR LAKES DRIVE</i> <i>Orlando, Florida 32822</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Gooden, STEPHANIE M.</b> <i>13403 GREENPOINTE DRIVE</i> <i>Orlando, Florida 32824-6295</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Earl F. Gooden*

*03/22/01 407-856-5640*

CR2E037 (10/00)