

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006764

1. Entity Name

CARING HANDS INTERNATIONAL MINISTRIES, INC.

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90152 029 *****70.00

Principal Place of Business

Mailing Address

600 W. OAK RIDGE RD.
 ORLANDO FL 32809

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

Orlando Florida

Zip

Country

Zip

Country

32824 USA

4. FEI Number

59-3540885

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODEN, EARL F ELDER
 13403 GREENPOINTE DRIVE
 ORLANDO FL 32824-6295

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.

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
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME GOODEN, EARL F ELDER
 STREET ADDRESS 13403 GREENPOINTE DRIVE
 CITY-ST-ZIP ORLANDO FL 32824-6295 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
 NAME GOODEN, EYVONNE W
 STREET ADDRESS 13403 GREENPOINTE DRIVE
 CITY-ST-ZIP ORLANDO FL 32824-6295 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME GOODEN, DAVID J
 STREET ADDRESS 553 CALIBRE CREST PARK APT 205
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE SD
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
 NAME WILLIAMS, CLIVE
 STREET ADDRESS 553 CALIBRE CREST PARK APT 205
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME BOWMAN, MICHAEL
 STREET ADDRESS 4014 DOLOMITE ST.
 CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME GOODEN, STEPHANIE M
 STREET ADDRESS 13403 GREENPOINTE DRIVE
 CITY-ST-ZIP ORLANDO FL 32824-6295 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002

Date

Daytime Phone #

(407) 852-1100

CR2E037 (9/01)