


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90669 017 ****70.00

DOCUMENT # N98000006764	
1. Entity Name CARING HANDS INTERNATIONAL MINISTRIES, INC.	

Principal Place of Business 5614 PARTRIDGE DRIVE ORLANDO FL 32810	Mailing Address P.O. BOX 683636 ORLANDO FL 32868-0086
---	---

2. Principal Place of Business 4212 S. Rio Grand AVE	3. Mailing Address
Suite, Apt. #, etc. 208	Suite, Apt. #, etc.
City & State Orlando, Florida	City & State
Zip 32839	Country ORANGE



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent GOODEN BISHOP, EARL F BISHOP 5614 PARTRIDGE DRIVE ORLANDO FL 32810-32839	
--	--

4. FEI Number 59-3540885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code FL

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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOODEN, EARL F BISHOP 5614 PARTRIDGE DRIVE ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Gooden, EARL F 4212 S. Rio Grand Apt. #208 Orlando, FL. 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GOODEN, EYVONNE W 5614 PARTRIDGE DRIVE ORLANDO FL 32810 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOODEN, DAVID J 850 GRAND REGENCY POINT BLDG D10 APT 204 ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Gooden, David J 4813 Robbins AVE. Orlando, FL. 32808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, CLIVE 536 SUN VILLAGE APT 10 ALTAMONTE SPRINGS FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jacquelyn M. Hinton 4900 South Rio Grande AVE. Orlando, FL. 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWMAN, MICHAEL 4707 CEPEDIO STREET ORLANDO FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRESPO, CARMEN 10635 HUNTRIDGE ROAD ORLANDO FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CRESPO, CARMEN 10635 Hunteridge Road Orlando, FL. 32825 <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. Bishop 03/04/04 407-291-9673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #