

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90214 016 ****70.00

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1. Entity Name

CARING HANDS INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

4212 S RIO GRAND AVE
208
ORLANDO FL 32839

Mailing Address

P.O. BOX 683636
ORLANDO FL 32868-0086

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4212 S. Rio Grande Ave #208
208

City & State

City & State
Orlando, Florida

Zip

Country

Zip

Country

32839

ORANGE

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

GOODEN, EARL F BISHOP
4212 S RIO GRAND AVE
ORLANDO FL 32839

7. Name and Address of New Registered Agent

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. 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOODEN, EARL F
STREET ADDRESS 4212 S RIO GRAND AVE APT # 208
CITY-ST-ZIP ORLANDO FL 32839

TITLE VD ☐ Delete
NAME GOODEN, DAVID J
STREET ADDRESS 4813 ROBBINS AVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☒ Delete
NAME HINTON, JACQUELYN M
STREET ADDRESS 4900 SOUTH RIO GRANDE AVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE TD ☐ Delete
NAME CRESPO, CARMEN
STREET ADDRESS 10635 HUNTRIDGE ROAD
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition
NAME D: Arthur
RAY, Robert
STREET ADDRESS 4120 South Rio Grande Ave. Apt. 206
CITY-ST-ZIP Orlando, Florida 32839

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

TITLE ☐ Change ☒ Addition
NAME Director
STEPHEN T. GOODEN
STREET ADDRESS 1248 East C-46th
CITY-ST-ZIP Wildwood, FL 34785

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

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

Date

Daytime Phone #

907-236-0977

20042835



1st MOORE

CR2E037 (10/04)