## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006764

FILED May 04, 2006 Secretary of State

Entity Name: CARING HANDS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4212 S RIO GRAND AVE 4470 MIXEDWOOD DRIVE LADSON, SC 29456 # 208

ORLANDO, FL 32839

**New Mailing Address: Current Mailing Address:** 

4212 S RIO GRAND AVE 4470 MIXEDWOOD DRIVE # 208 LADSON, SC 29456 ORLANDO, FL 32839

FEI Number: 59-3540885 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODEN, EARL F BISHOP GOODEN, EARL F APOSTLE 4212 S RIO GRAND AVE 4470 MIXEDWOOD DRIVE ORLANDO, FL 32839 LADSON, FL 29456

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: APOSTLE EARL F. GOODEN 05/04/2006

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

## **OFFICERS AND DIRECTORS:**

ORLANDO, FL 32808

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LADSON, SC 29456

() Delete (X) Change ( ) Addition

GOODEN, EARL F GOODEN, EARL F Name: Name: 4212 S RIO GRAND AVE APT # 208 Address: 4470 MIXEDWOOD DRIVE Address:

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: LADSON, SC 29456

Title: VD () Delete Title: (X) Change ( ) Addition GOODEN, DAVID J Name: GOODEN, RACHEL L Name: Address: 4813 ROBBINS AVE Address: 4470 MIXEDWOOD DRIVE

Title: () Delete Title: () Change () Addition RAY, ROBERT Name: Name:

4120 SOUTH RIO GRANDI AVE, APT 206 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

(X) Change ( ) Addition Title: TD ( ) Delete Title: TD

CRESPO, CARMEN GOODEN, DAVID Name: Name: 10635 HUNTRIDGE ROAD 4813 ROBBINS AVE. Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32808

Title: (X) Delete Title: () Change () Addition

GOODEN, STEPHEN T Name: Name: 1248 EAST C-462 Address: Address: WILDWOOD, FL 34785 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APOSTLE EARL F. GOODEN PD 05/04/2006

Electronic Signature of Signing Officer or Director

Date