

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90119 030 ****70.00

DOCUMENT # N98000006764

1. Entity Name

CARING HANDS INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

**13403 GREENPOINTE DR
ORLANDO FL 32824**

Mailing Address

**P.O. BOX 680086-0086
ORLANDO FL 32868-0086**

2. Principal Place of Business

5614 Partridge Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 683636

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number **59-3540885**

Applied For

Not Applicable

Zip

32810-3239

Country

U.S.A

Zip

32868-3636

Country

U.S.A

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Gooden, Earl F. Bishop

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

5614 Partridge Drive

City

Orlando

FL

Zip Code

32810-3239

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 *Earl F. Gooden*

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

(NOTE: Registered Agent signature required when reinstating)

01/10/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GOODEN, EARL F ELDER Bishop**
STREET ADDRESS **13403 GREENPOINTE DRIVE 5614 Partridge Drive**
CITY-ST-ZIP **ORLANDO FL 32824-6295 32810-3239**

TITLE **VPD** ☐ Delete
NAME **GOODEN, EYVONNE W**
STREET ADDRESS **13403 GREENPOINTE DRIVE 5614 Partridge Drive**
CITY-ST-ZIP **ORLANDO FL 32824-6295 32810-3239**

TITLE **SD** ☐ Delete
NAME **GOODEN, DAVID J**
STREET ADDRESS **553 CALIBRE CREST PARK APT 205 850 Grand Highway**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714 32714**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, CLIVE**
STREET ADDRESS **553 CALIBRE CREST PARK APT 205 536 Sun Village,**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714 Apt. 10**

TITLE **D** ☐ Delete
NAME **BOWMAN, MICHAEL**
STREET ADDRESS **4814 BOLOMITE ST. 4707 Cepedio Street**
CITY-ST-ZIP **ORLANDO FL 32839 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **CARMEN CRESPO**
STREET ADDRESS **10635 Hawthorne Road**
CITY-ST-ZIP **Orlando, Florida 32825**

TITLE **D** ☐ Change ☒ Addition
NAME **Robert Ray**
STREET ADDRESS **4222 Rio Grand Ave., Apt 501**
CITY-ST-ZIP **Orlando, Florida 32839**

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

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

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

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:

SIGNATURE REQUIRED

01/10/03

407-578-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (10/02)