

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90008 021 ****61.25

DOCUMENT # N97000003303

1. Entity Name

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.



Principal Place of Business

1346 MALABAR ROAD SE
UNIT A
PALM BAY FL 32907

Mailing Address

1346 MALABAR ROAD SE
UNIT A
PALM BAY FL 32907

24075775



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3459115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORLAND, PAULINE REV
1346 MALABAR ROAD SOUTHEAST
UNIT A
PALM BAY FL

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, 2004

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	S/D	<input type="checkbox"/> Delete
NAME	LESLIE, PANSY MRS	
STREET ADDRESS	1346 MALABAR ROAD SE, UNIT A	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	SAMUELS, KINGSLEY	
STREET ADDRESS	1346 MALABAR ROAD SE, UNIT A	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	BORLAND, PAULINE REV	
STREET ADDRESS	1346 MALABAR ROAD SE, UNIT A	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	THOMAS, DONALD	
STREET ADDRESS	1346 MALABOR RD SE	
CITY-ST-ZIP	MELBOURNE FL 32902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fletcher, Pansy Mrs.	
STREET ADDRESS	1346 Malabar Road S.E. Unit A	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Pansy Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04

Date

Daytime Phone #