


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

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003303 1. Entity Name GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.	
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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
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3459115	Applied For <input type="checkbox"/> Not Applicable
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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
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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 _____ (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. <input type="checkbox"/>	\$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	FLETCHER, PANSY MS
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	TD <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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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: *Rev. Pauline Borland* _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR