


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

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



1st MOORE CR2E037 (10/05)

4. FEI Number **59-3459115** Applied For Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, PANSY MS		NAME		
STREET ADDRESS	1346 MALABAR ROAD SE, UNIT A		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORLAND, PAULINE REV		NAME		
STREET ADDRESS	1346 MALABAR ROAD SE, UNIT A		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DONALD		NAME		
STREET ADDRESS	1346 MALABOR RD SE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32902		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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03/14/06 80002-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 2-28-06