2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2005
Secretary of State

DOCUMENT# 770114

Entity Name: WORLD HEALING CENTER CHURCH, INC.

Current Principal Place of Business:

3400 WILLIAM D TATE AVE.
GRAPEVINE, TX 760514337

New Principal Place of Business:

Current Mailing Address:

PO BOX 168487
IRVING, TX 75016

New Mailing Address:

FEI Number: 59-2457046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

ELSBERRY, MICHAEL
215 N EOLA DR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HINN, BENEDICTUS,	
Address:	3400 WILLIAM D. TATE AVE	
City-St-Zip:	GRAPEVINE, TX 760514337	
Title:	D	( ) Delete
Name:	SWAD, BILL	
Address:	8200 CREEKHOLLOW ROAD	
City-St-Zip:	BLACKLICK, OH 43004	
Title:	SD	( ) Delete
Name:	INELLO, ROBERT	
Address:	187 BASS POINT ROAD	
City-St-Zip:	NAHANT, MA 01908	
Title:	T	( ) Delete
Name:	HINN, BENEDICTUS	
Address:	3400 WILLIAM D TATE AVE	
City-St-Zip:	GRAPEVINE, TX 760514337	
Title:	D	(X) Delete
Name:	SWAD, BILL	
Address:	8200 CREEKHOLLOW ROAD	
City-St-Zip:	BLACKLICK, OH 43004	
Title:	D	(X) Delete
Name:	WEAD, DOUG	
Address:	10570 SALLGRASS PLACE	
City-St-Zip:	HAYMARKET, VA 20169	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	HINN, BENEDICTUS	
Address:	3400 WILLIAM D. TATE AVE	
City-St-Zip:	GRAPEVINE, TX 760514337	
Title:	D	(X) Change ( ) Addition
Name:	SWAD, BILL SR	
Address:	8200 CREEKHOLLOW ROAD	
City-St-Zip:	BLACKLICK, OH 43004	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT INELLO SEC 06/21/2005

Electronic Signature of Signing Officer or Director — Date