

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90678 006 ****61.25

0068755

DOCUMENT # N00000007424

1. Entity Name

HEALING HEARTS MINISTRY FOR WOMEN, INC.

Principal Place of Business

7449 CEDAR POINT DR.
NEW PORT RICHEY FL 34653

Mailing Address

P.O. BOX 519
NEW PORT RICHEY FL 34656

2. Principal Place of Business

5745 main Street

3. Mailing Address

Same

Suite/Apt. #, etc.

202

Suite, Apt. #, etc.

-

City & State

New Port Richey

City & State

-

Zip

34652

Country

Pascou.s.

Zip

-

Country

-

4. FEI Number

59-3686494

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, LINDA M
7449 CEDAR POINT DR.
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name Linda Smith

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

5745 main Str. Suite 202

City

New Port Richey

FL

Zip Code

34652

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.

SIGNATURE

Linda M. Smith/President Linda M. Smith

4-4-02

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SMITH, LINDA M	
STREET ADDRESS	7449 CEDAR POINT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VD	☐ Delete
NAME	TEDRICK, TIMOTHY M	
STREET ADDRESS	1900 WESLEYAN DR., APT. 1004	
CITY-ST-ZIP	MACON GA 31210	
TITLE	STD	☒ Delete
NAME	ROCK, DEBRA A	
STREET ADDRESS	4841 MANOR DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Kincaid, Scott	
STREET ADDRESS	6331 Harrison St.	
CITY-ST-ZIP	New Port Richey FL 34653	
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: Linda M. Smith/President Linda M. Smith 4-4-02 727-8496920

CR2E037 (9/01)