2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# N00000007424

Entity Name: HEALING HEARTS MINISTRY FOR WOMEN, INC.

Current Principal Place of Business:

5745 MAINSTREET #202
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5745 MAINSTREET
SUITE 202
NEW PORT RICHEY, FL 34652

New Mailing Address:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

FEI Number: 59-3686494 **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:

SMITH, LINDA M
5745 MAIN STREET
SUITE 202
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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

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 07/12/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, LINDA M
Address: 7449 CEDAR POINT DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T/D ( ) Delete
Name: TOLLER, CHIMANE
Address: 12944 CASA BIANCA AVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete
Name: FRANK, LINDA
Address: 10521 SCENIC DR. #295
City-St-Zip: PORT RICHEY, FL

Title: D ( ) Delete
Name: OLSSON, TINA
Address: 12701 CORNELL COURT
City-St-Zip: HUDSON, FL 34667

Title: D/O (X) Delete
Name: STEWART, JOHN
Address: 5435 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FRANK, LINDA
Address: 6416 SENTRY WAY
City-St-Zip: NEW PORT RICHEY, FL 34653

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 Chapter 119, 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: LINDA M. SMITH PD 07/12/2006
Electronic Signature of Signing Officer or Director Date