2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N00000007424

Entity Name: HEALING HEARTS MINISTRY AND COUNSELING, INC.

Current Principal Place of Business:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

6219 RIVER RD.
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3686494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, LINDA M PD
7449 CEDAR POINT DR.
NEW PORT RICHEY, FL 34653 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:	SMITH, LINDA M	
Address:	7449 CEDAR POINT DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	T/D	( ) Delete
Name:	STRINGFELLOW, CAROL	
Address:	7708 SUMMERTREE LANE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	SD	( ) Delete
Name:	FRANK, LINDA	
Address:	6416 SENTRY WAY	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	D	( ) Delete
Name:	WILLIAMS, STEVE	
Address:	6131 US HWY 19	
City-St-Zip:	NEW PORT RICHEY, FL 34662	
Title:	VP	( ) Delete
Name:	EDWARDS, CAROLE	
Address:	7816 SUMMERTREE LANE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	D	( ) Delete
Name:	EDWARDS, CHARLES	
Address:	7816 SUMMERTREE LANE	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 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 04/13/2009

Electronic Signature of Signing Officer or Director — Date