2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007424

FILED Apr 11, 2012 Secretary of State

Entity Name: HEALING HEARTS MINISTRY AND COUNSELING, INC.

Current Principal Place of Business: New Principal Place of Business:

5510 RIVER RD. SUITE 103

NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

5510 RIVER RD. SUITE 103

NEW PORT RICHEY, FL 34652

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

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

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

Title: T/D

Name: O'CONNOR, LISA
Address: 7208 WORCHESTER CT.
City-St-Zip: HUDSON, FL 34667

Title: SD

Name: O'CONNOR, LISA
Address: 7208 WORCHESTER CT.
City-St-Zip: HUDSON, FL 34667

Title:

Name: WILLIAMS, STEVE Address: 6131 US HWY 19

City-St-Zip: NEW PORT RICHEY, FL 34662

Title: VP

Name: EDWARDS, CAROLE
Address: 7816 SUMMERTREE LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: [

Name: EDWARDS, CHARLES
Address: 7816 SUMMERTREE LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: LINDA M. SMITH PD 04/11/2012