

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

0000141

**DOCUMENT # N01000001168**

1. Entity Name

**HEALING BALM MINISTRIES OF NE FL, INC.**

05-08-2002 90046 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**C/O SOLID ROCK CHURCH OF GOD BY FAITH  
 14 PALM DR.  
 YULEE FL 32041**

**PO BOX 640  
 YULEE FL 32041**

**DU051703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**14 PALMTREE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**YULEE, FL**

4. FEI Number

**31-1769533**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32097**

**NASSAU**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALHOUN, MARY E  
 69 PINWOOD DR.  
 YULEE FL 32097**

Name

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

City

**FL**

Zip Code

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

*Mary E. Calhoun* *Mary E. Calhoun* *4/17/02*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Harry J. Johnson</b><br><b>824 Heritage Lakes Drive</b><br><b>Jacksonville, FL 32218</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Carolyn L. Jacobs</b><br><b>1228 Daniel Street</b><br><b>Jacksonville, FL 32209</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Maurice Sims</b><br><b>6724 Perry Street</b><br><b>Jacksonville, FL 32208</b>            | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>Jeannette White</b><br><b>1818 East State Road 200</b><br><b>Yulee, FL 32097</b>         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Robert Suarez</b><br><b>7988 Gregory Drive, Apt. 1901</b><br><b>Jacksonville, FL 32210</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>Erving Gilyard</b><br><b>5406 Leonard Street</b><br><b>Fernandina Beach, FL 32034</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

*HARRY J. JOHNSON* *Harry J. Johnson* *4/17/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)