


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001168
 1. Entity Name
 HEALING BALM MINISTRIES OF NE FL, INC.



Principal Place of Business: 14 PALMTREE DRIVE, YULEE, FL 32097
 Mailing Address: PO BOX 640, YULEE, FL 32041

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01102004 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 31-1769533 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CALHOUN, MARY E
 69 PINWOOD DR.
 YULEE, FL 32097

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, HARRY J
STREET ADDRESS	824 HERITAGE LAKES DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SD
NAME	WHITE, JEANNETTE
STREET ADDRESS	1818 EAST STATE ROAD 200
CITY-ST-ZIP	YULEE, FL 32097
TITLE	VD
NAME	SUAREZ, ROBERT
STREET ADDRESS	7988 GREGORY DRIVE - APT. 1901
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	TD
NAME	GILYARD, ERVING
STREET ADDRESS	5406 LEONARD STREET
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/26/04-80049-007 61.25

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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: Mary E Calhoun 1-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #