


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90096 049 ****61.25

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	
2. Principal Place of Business 463237 State Rd 200		3. Mailing Address P.O. Box 640	
Suite, Apt. #, etc. Yulee, Florida		Suite, Apt. #, etc. Yulee, Florida	
City & State 32097		City & State	
Zip	Country USA	Zip 32097	Country
4. FEI Number 31-1769533		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALHOUN, MARY E 69 PINWOOD DR. YULEE, FL 32097		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Mary Calhoun</i>		DATE: <i>3/15/05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HARRY J	NAME	
STREET ADDRESS	824 HERITAGE LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JEANNETTE	NAME	
STREET ADDRESS	1818 EAST STATE ROAD 200	STREET ADDRESS	
CITY-ST-ZIP	YULEE, FL 32097	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, ROBERT	NAME	
STREET ADDRESS	7988 GREGORY DRIVE - APT. 1901	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILYARD, ERVING	NAME	
STREET ADDRESS	5408 LEONARD STREET	STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Harry Johnson</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

00033702



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