


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 038 ****70.00

DOCUMENT # N01000001168

1. Entity Name
HEALING BALM OF NORTHEAST FLORIDA, INC.



Principal Place of Business
463237 STATE ROAD 200
YULEE, FL 32097

Mailing Address
PO BOX 640
YULEE, FL 32041

2. Principal Place of Business - No P.O. Box #
850935 US Hwy 17N.

3. Mailing Address
PO Box 640

Suite, Apt. #, etc.
7301

Suite, Apt. #, etc.

City & State
Yulee, Fla.

City & State
Yulee, FL

Zip
32097

Country
USA

Zip
32041

Country
USA

4. FEI Number
31-1769533

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

07062007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

~~CALHOUN, MARY E~~
~~69 PINEWOOD DR.~~
~~YULEE, FL 32097~~

7. Name and Address of New Registered Agent

Name
LATRECE Rowell

Street Address (P.O. Box Number is Not Acceptable)
850935 US Hwy 17 North

City
Yulee

FL

Zip Code
32097

B. 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 *Latrece M. Rowell* **7/6/07**

Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

GATE

Filing Fee is **\$61.25**
Due by September 14, 2007

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Loice Shephard	
STREET ADDRESS	96148 Ornel-Scott Rd.	
CITY - ST - ZIP	Fernandina Beach, Fl: 32034	
TITLE	Member	<input checked="" type="checkbox"/> Addition
NAME	Emily Gilyard	
STREET ADDRESS	86041 PALM TREE DR.	
CITY - ST - ZIP	Yulee, Fl 32097	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise Jefferson	
STREET ADDRESS	2955 W. 45th St.	
CITY - ST - ZIP	Jacksonville, Fl. 32209	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCES hynch	
STREET ADDRESS	7428 JFK Sr. Drive	
CITY - ST - ZIP	Jacksonville, FL 32219	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seremiah Mitchell	
STREET ADDRESS	8619 Fieldston Drive	
CITY - ST - ZIP	Yulee, Fl 32097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Latrece M. Rowell* **Executive Director** **904 5480055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/6/07** Daytime Phone #