


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90021 003 ****61.25

DOCUMENT # N01000001168

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



Principal Place of Business
850935 US HWY 17 NORTH #7301 YULEE, FL 32097

Mailing Address
PO BOX 640 YULEE, FL 32041

2. Principal Place of Business - No P.O. Box #
1303 Jasmians St

3. Mailing Address
PO Box 640

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.

City & State
Fernandina Bch, FL

City & State
Yulee, FL

Zip
32034

Country
NASSAU

Zip
32041

Country
NASSAU

6. Name and Address of Current Registered Agent
ROWELL, LATRECE
850935 US HWY 17 NORTH
YULEE, FL 32097

7. Name and Address of New Registered Agent
 Name
LATRECE Rowell
 Street Address (P.O. Box Number is Not Acceptable)
1303 Jasmine St #102
 City
Fernandina Beach FL Zip Code
32034

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: *Latrece M. Rowell* DATE: *2/6/08*

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, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, HARRY J 824 HERITAGE LAKES DRIVE JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mitchell, Jeremiah 8619 Fieldston DR Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEPARD, LOICE 96148 O'NEIL SCOTT RD FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jefferson, Denise 2955 W. 45th St. Jacksonville, Florida 32209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUAREZ, ROBERT 7988 GREGORY DRIVE - APT. 1901 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Lynch, Frances 7428 JFK, JR. DR. Jacksonville, FL 32219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILYARD, ERVING 5406 LEONARD STREET FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M sasmeth, Glenda 7858 Caxton Circle Jacksonville, FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GILYARD, EMILY 86041 PALM TREE DR YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MITCHELL, JEREMIAH 8619 FIELDSTON DR YULEE, FL 32097 <input type="checkbox"/> Delete	TITLE 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* DATE: *2/6/08* DAYTIME PHONE: *(904) 5480053*

Signature and typed or printed name of signing officer or director Date Daytime Phone #