

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001168

FILED
Jan 29, 2010
Secretary of State

Entity Name: HEALING BALM OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1303 JASMINE ST #102
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 640
YULEE, FL 32041

New Mailing Address:

FEI Number: 31-1769533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWELL, LATRECE
1303 JASMINE ST #102
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FLOYD, ALFRED
Address: 86508 EASTPORT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S
Name: JEFFERSON, DENISE
Address: 2955 WEST 45TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP
Name: LYNCH, FRANCES
Address: 7428 JOHN F. KENNEDY DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: TD
Name: GILYARD, ERVING
Address: 5406 LEONARD STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: M
Name: CROOKS, TINA
Address: 729 N. FLETCHER AVE.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: M
Name: MASON, CHAUNCEY
Address: 86132 WORTHINGTON DR.
City-St-Zip: YULEE, FL 32097

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LATRECE M. ROWELL

ED

01/29/2010

Electronic Signature of Signing Officer or Director

Date