2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N06000001450

Entity Name: HEALING EACH LONELY PERSON MINISTRIES, INC.

Current Principal Place of Business:

2403 WOODBINE DR.
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

2403 WOODBINE DR.
CRESTVIEW, FL 32536

New Mailing Address:

P. O. BOX 965
CRESTVIEW, FL 32536

FEI Number: 75-3211321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, SAMUEL E
2403 WOODBINE DR.
CRESTVIEW, FL 32536 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	( ) Delete
Name:	WATERS, SAMUEL E	
Address:	2403 WOODBINE DR.	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	TS	( ) Delete
Name:	WATERS, JUDY ANN	
Address:	2403 WOODBINE DR.	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	VD	( ) Delete
Name:	KYKER, KEITH	
Address:	2406 WOODBINE DR.	
City-St-Zip:	CRESTVIEW, FL 32536	
Title:	D	( ) Delete
Name:	GRIMM, WADE	
Address:	5984 SILVER OAKS LANE	
City-St-Zip:	CRESTVIEW, FL 32536	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL E. WATERS PD 01/09/2007

Electronic Signature of Signing Officer or Director — Date