

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001168

**Entity Name:** HEALING BALM OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

96098 VICTORIA'S PLACE  
YULEE, FL 32097

**Current Mailing Address:**

PO BOX 640  
YULEE, FL 32041

**FEI Number: 31-1769533**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROWELL, LATRECE  
96098 VICTORIA'S PLACE  
YULEE, FL 32097 US

*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

**Officer/Director Detail :**

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

Title S  
Name GREEN, AUDREY  
Address 4615 PHILLIPS HWY.  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name CARPENTER, RUFUS  
Address 4167 FITZWALTER DR.  
City-State-Zip: MIMS FL 32219

Title TD  
Name BURDEN, ALTON  
Address 5549 BELAFONTE DR.  
City-State-Zip: JACKSONVILLE FL 32209

Title M  
Name CREWS, KAY LYNN  
Address 760001 BOBBY MOORE CIRCLE  
City-State-Zip: YULEE FL 32097

Title M  
Name LOWE, JEANETTE  
Address 63 LAKE RUN BLVD.  
City-State-Zip: JACKSONVILLE FL 32218

*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: FRANCES LYNCH**

**CHAIRPERSON**

**05/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date