

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001168

Entity Name: HEALING BALM OF NORTHEAST FLORIDA, INC.

FILED
Mar 20, 2017
Secretary of State
CC9282508004

Current Principal Place of Business:

1725 OAKHURST AVENUE
SUITE 300
JACKSONVILLE, FL 32208

Current Mailing Address:

PO BOX 62236
JACKSONVILLE, FL 32208 US

FEI Number: 31-1769533

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CURRELLEY, VALARIE
1725 OAKHURST AVENUE
SUITE 300
JACKSONVILLE, FL 32208 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: VALARIE CURRELLEY

03/20/2017

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

Title MEMBER
Name TOLBERT, JEAN
Address 629 IVY STREET
City-State-Zip: JACKSONVILLE FL 32206

Title MEMBER
Name SANDERS, THOMAS
Address 96098 VICTORIA'S PLACE
City-State-Zip: YULEE FL 32097

Title CEO
Name ROWELL, LATRECE
Address 96098 VICTORIA'S PLACE
City-State-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

**CEO/EXECUTIVE
DIRECTOR**

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date