

2014 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: Yes

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

CHAIRMAN

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date