

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000308

Entity Name: THE HEALING PROJECT, INC.**Current Principal Place of Business:**7430 NW 1ST CT
PEMBROKE PINES, FL 33024**Current Mailing Address:**7430 NW 1ST CT
PEMBROKE PINES, FL 33024**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABRAHAM, ANNE-MONIQUE
7430 NW 1ST CT
PEMBROKE PINES, FL 33024 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	P
Name	ABRAHAM, ANNE-MONIQUE
Address	7430 NW 1ST CT
City-State-Zip:	PEMBROKE PINES FL 33024

Title	V
Name	ABRAHAM, PAUL
Address	7430 NW 1ST CT
City-State-Zip:	PEMBROKE PINES FL 33024

Title	S
Name	ADE, MARILINE
Address	3608 SW 70 AVE
City-State-Zip:	MIRAMAR FL 33023

Title	T
Name	ZAMOR, MICHELLE
Address	8540 N SHERMAN CIR. APT 203
City-State-Zip:	MIAMI FL 33025

Title	D
Name	LETANG, THERESE
Address	1810 ACAPULCO DR
City-State-Zip:	MIRAMAR FL 33023

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: ANNE-MONIQUE ABRAHAM**PRESIDENT****03/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date