

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010820

Entity Name: JOHN PAUL II HEALING CENTER, INC.**Current Principal Place of Business:**2937 KERRY FOREST PKWY
SUITE A-2
TALLAHASSEE, FL 32309**Current Mailing Address:**2910 KERRY FOREST PARKWAY
D4-344
TALLAHASSEE, FL 32309 US**FEI Number:** 27-4005345**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAILEY, JUDY
2937 KERRY FOREST PKWY
SUITE A-2
TALLAHASSEE, FL 32309 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:** JUDY BAILEY**02/19/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDER
Name SCHUCHTS, BOB ALAN PHD
Address 2937 KERRY FOREST PKWY
SUITE A-2
City-State-Zip: TALLAHASSEE FL 32309

Title BOARD MEMBER
Name GEORGE, PAUL
Address 2937 KERRY FOREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

Title BOARD MEMBER
Name HERNANDEZ, ILLEANA
Address 2937 KERRY FOREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

Title CHAIRMAN OF BOARD
Name JACOBS, SAM
Address 2937 KERRY FOREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

Title BOARD MEMBER
Name BIANCE, JUSTIN
Address 2937 KERRY FOREST PARKWAY
City-State-Zip: TALLAHASSEE FL 32309

Title EXECUTIVE DIRECTOR
Name BAILEY, JUDY POWELL
Address 2937 KERRY FOREST PKWY
SUITE A-2
City-State-Zip: TALLAHASSEE FL 32309

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: JUDY BAILEY**EXECUTIVE DIRECTOR****02/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date