#### 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: MELISSA MOSES

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** 

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.

Title	D	Title	D
Name	WOODLEY, REGINA C	Name	ROLAND, ROSA K
Address	1557 BAYRIDGE PLACE	Address	PO BOX 540064
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	GREENACRES FL 33454
Title	D		
Name	MOSES, MELISSA		
Address	7367 TILLMAN DRIVE		
City-State-Zip:	LAKE WORTH FL 33467		

## **FEI Number: APPLIED FOR**

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

Electronic Signature of Registered Agent

MOSES, MELISSA 7367 TILLMAN DRIVE

SIGNATURE:

# DOCUMENT# N12000011404

## Entity Name: HEALING HEARTS RECOVERY MINISTRY INC.

#### **Current Principal Place of Business:**

7367 TILLMAN DRIVE LAKE WORTH. FL 33467

#### **Current Mailing Address:**

7367 TILLMAN DRIVE LAKE WORTH. FL 33467

LAKE WORTH, FL 33467 US

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 30, 2013

### Secretary of State CC4519237338

Certificate of Status Desired: No

DIRECTOR

04/30/2013

Date

Date