

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005774

**Entity Name:** THE HEALING PLACE MINISTRIES LEESBURG,INC**Current Principal Place of Business:**35 MICHELLE AVE  
LEESBURG, FL 34748**Current Mailing Address:**35 MICHELLE AVE  
LEESBURG, FL 34748 US**FEI Number:** 46-2857805**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILBERT, PHYLLIS A  
35 MICHELLE AVE  
LEESBURG, FL 34748 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            | TOEPPE, DON           |
| Address         | 602 COACHWOOD CENTRAL |
| City-State-Zip: | LEESBURG FL 34748     |

|                 |                       |
|-----------------|-----------------------|
| Title           | SEC                   |
| Name            | TOEPPE, JEAN          |
| Address         | 602 COACHWOOD CENTRAL |
| City-State-Zip: | LEESBURG FL 34748     |

|                 |                   |
|-----------------|-------------------|
| Title           | DIR               |
| Name            | GILBERT, JUDITH M |
| Address         | 21 EMERALD DR     |
| City-State-Zip: | LEESBURG FL 34748 |

|                 |                   |
|-----------------|-------------------|
| Title           | VP                |
| Name            | KUHN, MICKI       |
| Address         | PO BOX 981        |
| City-State-Zip: | PLYMOUTH IN 46563 |

|                 |                   |
|-----------------|-------------------|
| Title           | D                 |
| Name            | PEMBLE, SANDY W   |
| Address         | 1200 HOWARD RD    |
| City-State-Zip: | LEESBURG FL 34748 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIR                     |
| Name            | ASPINWALL, CINDEE       |
| Address         | 27118 SOUTH QUARTERS RD |
| City-State-Zip: | OKAHUMPKA FL 34762      |

*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: DON TOEPPE****PRESIDENT****02/15/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date