

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003759

1. Entity Name

HEALING HEARTS OF FAMILIES USA MINISTRIES, INC.

**FILED**  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91614 031 \*\*\*\*70.00

Principal Place of Business

2270 CEDAR TRACE CIRCLE  
TAMPA FL 33613

Mailing Address

PO BOX 361222  
DECATUR GA 30036-1222

2. Principal Place of Business

3. Mailing Address

2270 Cedar Trace Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

58-2562619

Applied For

Not Applicable

Zip

Country

Zip

Country

33613

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

IZAGURRIE, ANNIE RUTH  
2270 CEDAR TRACE CIRCLE  
TAMPA FL 33613

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
LACY, BONITA  
3833 RICE POINTS  
DECATUR GA 30034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PEABOY, NANCY  
3947 BORING ROAD  
DECATUR GA 30034 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VC  
GONZALEZ, DARRYL  
141 ASHFORD WAY  
ALABASTER AL 35007 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
IZAGURRIE, ANNIE RUTH  
2270 CEDAR TRACE CIRCLE  
TAMPA FL 33613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EVANS, CEDRIC  
PO BOX 36122  
DECATUR GA 30036 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02 (813) 975-1322

CR2E037 (9/01)