

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90003 040 ****70.00

DOCUMENT # F97000004778

1. Entity Name
THE BALM IN GILEAD, INC.



Principal Place of Business
**927 SHADOW MOSS DRIVE
PVT
WINTER GARDEN, FL 34787**

Mailing Address
**927 SHADOW MOSS DRIVE
PVT
WINTER GARDEN, FL 34787**

50020211



03312006 Chg-NP CR2E037 (11/05)

4. FEI Number
11-2599860 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, V. JEREMIAH
927 SHADOW MOSS DRIVE
PVT
WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MORGAN, V. JEREMIAH | |
| STREET ADDRESS | 927 SHADOW MOSS DRIVE | |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | KHOR, MARGARET | |
| STREET ADDRESS | 5965 CRESCENT RIDGE CT. | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | QING, FENG GUI | |
| STREET ADDRESS | 927 SHADOW MOSS DRIVE | |
| CITY-ST-ZIP | WINTER GARDEN, FL 34787 | |
| TITLE | EVP | <input checked="" type="checkbox"/> Delete |
| NAME | BYERS, EARLE | |
| STREET ADDRESS | 1284 WHISPERING WINDS CT. | |
| CITY-ST-ZIP | APOPKA, FL 32703 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | (PRESIDENT) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BYERS, EARLE | |
| STREET ADDRESS | 1284 WHISPERING WINDS CT | |
| CITY-ST-ZIP | APOPKA, FL 32703 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V. JEREMIAH MORGAN | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 600 EDGEHILL PL. | |
| STREET ADDRESS | APOPKA, FL 32703 (EVP) | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Earle E Byers PRES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.25.06
Date Daytime Phone #



ATTACHMENT

50020211

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2006

THE BALM IN GILEAD, INC.
927 SHADOW MOSS DRIVE
WINTER GARDEN, FL 34787

SUBJECT: THE BALM IN GILEAD, INC.
Ref. Number: F97000004778

We have received your check(s) totaling \$61.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 406A00022123 ✓

(check for
\$61.25)

Very Thank You
for your help
Earl Beje