


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90063 014 ****61.25

DOCUMENT # N00000000443	
1. Entity Name HEALING HANDS REHABILITATION RANCH INC.	

Principal Place of Business 4305 SPRINGFIELD ST JACKSONVILLE, FL 32206	Mailing Address 4305 SPRINGFIELD ST JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE

01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3617450	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILTON, ROGENIA S
4025 FAIRFAX ST.
JACKSONVILLE, FL 32209**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX HILTON, ROGENIA 4025 FAIRFAX ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Px REAHAM, JAMES A SR <i>Graham, James</i> 3631 MONCRIEF RD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, TINY 7008 RHODE ISLAND E DRIVE JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAVIS, MARY F 1128 BEETHA ST JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MCGAULEY, RODERICK 7621 BRAIT DR JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. m. Ball 1447 Lakeshore Blvd. Jacksonville, FL 32205

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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: *Rogenia S. Hilton* **Rogenia S. Hilton** *01-22-05* *(904) 355-8215*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #