

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90013 037 \*\*\*\*70.00

**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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
59-3617450

Applied For  
Not Applicable

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

HILTON, ROGENIA S  
4025 FAIRFAX ST.  
JACKSONVILLE FL 32209

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

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**  
**Due By May 1, 2008**

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	EX	<input type="checkbox"/> Delete
NAME	HILTON, ROGENIA	
STREET ADDRESS	4025 FAIRFAX ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, TINY	
STREET ADDRESS	7008 RHODE ISLAND E DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARY F	
STREET ADDRESS	1128 BEETHA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	MCGAULEY, RODERICK	
STREET ADDRESS	7621 BRAIT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATTS, J M	
STREET ADDRESS	1447 LAKESHORE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeruda Gibson	
STREET ADDRESS	7256 Barbrie St.	
CITY-ST-ZIP	Jax, FL 32208	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maura Gibson	
STREET ADDRESS	7256 Barbrie St.	
CITY-ST-ZIP	Jax, FL 32208	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Subrina Hilton	
STREET ADDRESS	8085 Great Valley Rd	
CITY-ST-ZIP	Jax, FL 32244	
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 Section 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:

*Rogenia Hilton*

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