

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006557**1. Entity Name
HEALING HOUSE NETWORK, INC.Principal Place of Business
2766 GROVE RD.
FREEPORT FL 32439
Mailing Address
P.O. BOX 2339
SANTA ROSA BEACH FL 324592. Principal Place of Business
2766 BAY GROVE ROAD
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FREEPORT FLZip Country Zip Country
324394. FEI Number
59-3674645
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKYLSTRA CHESTER D
2766 GROVE RD.
FREEPORT FL 32439**7. Name and Address of New Registered Agent**Name
KYLSTRA CHESTER D
Street Address (P.O. Box Number is Not Acceptable)
2766 BAY GROVE ROAD
City
FREEPORT FL Zip Code
32439

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 _____ 05/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	WILLIAMSON SUSAN D	5 COACHLIGHT DRIVE	POUGHKEEPSIE NY 12603		
D	WILLIAMSON GREG D	5 COACHLIGHT DRIVE	POUGHKEEPSIE NY 12603		
D	DAVIS JEANNI D	4101 TATES CREEK CENTER DRIVE PMB 334	LEXINGTON KY 40517		
D	DAVIS JAMES D	4101 TATES CREEK CENTER DRIVE PMB 334	LEXINGTON KY 40517		
VD	KYLSTRA BETSY SVD	2766 BAY GROVE ROAD	FREEPORT FL 32439		
PTSD	KYLSTRA CHESTER DP	2766 BAY GROVE ROAD	FREEPORT FL 32439		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHESTER KYLSTRA P 05/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day-time Phone #

CR2E037 (11/00)

LINDA ROEDER DIRECTOR
244 E COUNTY ROAD 250 S

VERSAILLES IN 47042

DAVID ROEDER DIRECTOR
244 E COUNTY ROAD 250 S

VERSAILLES IN 47042