

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000006557

FILED
Jun 02, 2002 8:00 AM
Secretary of State

Entity Name: HEALING HOUSE NETWORK, INC.

Current Principal Place of Business:

2766 BAY GROVE ROAD
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2339
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3674645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLSTRA, CHESTER D
2766 BAY GROVE ROAD
FREEPORT, FL 32439

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMSON, GREG D
Address: 5 COACHLIGHT DRIVE
City-St-Zip: POUGHKEEPSIE, NY 12603

Title: D () Delete
Name: WILLIAMSON, SUSAN D
Address: 5 COACHLIGHT DRIVE
City-St-Zip: POUGHKEEPSIE, NY 12603

Title: D () Delete
Name: DAVIS, JEANNI D
Address: 4101 TATES CREEK CENTER DRIVE PMB 334
City-St-Zip: LEXINGTON, KY 40517

Title: PTSD () Delete
Name: KYLSTRA, CHESTER D P
Address: 2766 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: VD () Delete
Name: KYLSTRA, BETSY S VD
Address: 2766 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: DAVIS, JAMES D
Address: 4101 TATES CREEK CENTER DRIVE PMB 334
City-St-Zip: LEXINGTON, KY 40517

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PTSD (X) Change () Addition
Name: KYLSTRA, CHESTER D PD
Address: 2766 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHESTER D KYLSTRA

P

06/02/2002

Electronic Signature of Signing Officer or Director

Date