

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006557

FILED
Apr 11, 2005
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 US

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: PTSD () Delete
Name: KYLSTRA, CHESTER D
Address: 2766 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32459

Title: VD () Delete
Name: KYLSTRA, BETSY S
Address: 2766 BAY GROVE ROAD
City-St-Zip: FREEPORT, FL 32459

Title: D () Delete
Name: ROEDER, DAVID
Address: 2447 EAST COUNTY ROAD 250 S
City-St-Zip: VERSAILLES, IN 47042

Title: D () Delete
Name: ROEDER, LINDA
Address: 2447 EAST COUNTY ROAD 250 S
City-St-Zip: VERSAILLES, IN 47042

Title: D () Delete
Name: KINDLER, JOHN
Address: 325 KOPE CON POINTE
City-St-Zip: COLDWATER, MI 49036

Title: D () Delete
Name: KINDLER, LESLIE
Address: 325 KOPE CON POINTE
City-St-Zip: COLDWATER, MI 49036

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

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

04/11/2005

Electronic Signature of Signing Officer or Director

Date