


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90054 021 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # N00000006655 1. Entity Name HEALTH UNLIMITED MINISTRIES, INC. | | | |  | |
| Principal Place of Business 4111 W. IOWA AVE. TAMPA, FL 33616 | | | | Mailing Address 4111 W. IOWA AVE. TAMPA, FL 33616 | |
| 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 | | |
| 6. Name and Address of Current Registered Agent WEISSE, MARSHA 4110 KENSINGTON AVE TAMPA, FL 33629 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u><i>Marsha Weisse</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <u>1/16/08</u> <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOTO, MARIE GRACE, Ph.D., N.D., CTN. <input type="checkbox"/> Delete 4111 W. IOWA AVE. TAMPA, FL 33616-1110 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARIE GRACE SOTO, Ph.D., N.D., CTN. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4111 W. IOWA AVE Tampa, FL 33616-1110 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Delete SOTO, EDWIN 4111 W. IOWA AVENUE TAMPA, FL 336161110 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Grace M. Blasi <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1235 E. HARTFORD STREET Hernando, FL 34442 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Delete BLASI, GRACE M 1235 E. HARTBORO ST. HERNANDO, FL 34442 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PATRICK DUKE, PhD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19337 Weymouth Drive LANDO LAKES, FL 34638-7717 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Ph.D. N.D. CTN.</i></u> <u>1/16/08</u> <u>813-832-3746</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |