

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006655

FILED
Jan 19, 2009
Secretary of State

Entity Name: HEALTH UNLIMITED MINISTRIES, INC.

Current Principal Place of Business:

4111 W. IOWA AVE.
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

4111 W. IOWA AVE.
TAMPA, FL 33616

New Mailing Address:

FEI Number: 59-3678448

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSE, MARSHA
4110 KENSINGTON AVE
TAMPA, FL 33629 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: D () Delete
Name: SOTO, MARIE GRACE
Address: 4111 W. IOWA AVE.
City-St-Zip: TAMPA, FL 33616

Title: VP () Delete
Name: BLASI, GRACE M
Address: 4111 W IOWA AVE
City-St-Zip: TAMPA, FL 33616

Title: S () Delete
Name: DUKE, PATRICIA PHD
Address: 19337 WEYMOUTH DRIVE
City-St-Zip: LAND O' LAKES, FL 34638

Title: ND () Delete
Name: SOTO, GRACE
Address: 4111 W. IOWA AVE
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SOTO, MARIE GRACE
Address: 4111 W. IOWA AVE.
City-St-Zip: TAMPA, FL 33616

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

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

Title: T (X) Change () Addition
Name: NANA, JOHNSON REV.
Address: 3385 COVERED BRIDGE DR. W
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIE GRACE SOTO, PHD, ND, CTN

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date