

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007424

FILED  
Apr 12, 2011  
Secretary of State

**Entity Name:** HEALING HEARTS MINISTRY AND COUNSELING, INC.

**Current Principal Place of Business:**

5510 RIVER RD.  
SUITE 103  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5510 RIVER RD.  
SUITE 103  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3686494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, LINDA M PD  
7449 CEDAR POINT DR.  
NEW PORT RICHEY, FL 34653 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: PD  
Name: SMITH, LINDA M  
Address: 7449 CEDAR POINT DR.  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T/D  
Name: O'CONNOR, LISA  
Address: 7208 WORCHESTER CT.  
City-St-Zip: HUDSON, FL 34667

Title: SD  
Name: O'CONNOR, LISA  
Address: 7208 WORCHESTER CT.  
City-St-Zip: HUDSON, FL 34667

Title: D  
Name: WILLIAMS, STEVE  
Address: 6131 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34662

Title: VP  
Name: EDWARDS, CAROLE  
Address: 7816 SUMMERTREE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D  
Name: EDWARDS, CHARLES  
Address: 7816 SUMMERTREE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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 all other like empowered.

SIGNATURE: LINDA M. SMITH

PD

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date