
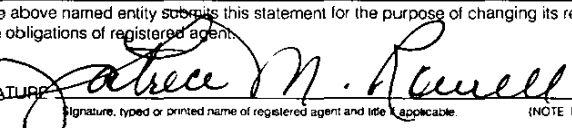
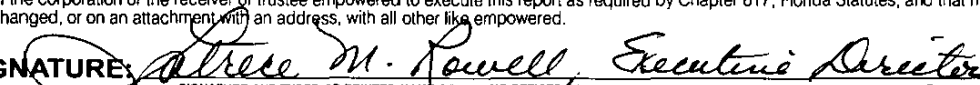


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 038 ****70.00

DOCUMENT # N01000001168 1. Entity Name HEALING BALM OF NORTHEAST FLORIDA, INC.			
Principal Place of Business 463237 STATE ROAD 200 YULEE, FL 32097		Mailing Address PO BOX 640 YULEE, FL 32041	
2. Principal Place of Business - No P.O. Box # 850935 US Hwy 17N.		3. Mailing Address PO Box 640	
Suite, Apt. #, etc. # 7301		Suite, Apt. #, etc. 	
City & State Yulee, Fla.		City & State Yulee, FL	
Zip 32097		Zip 32041	
Country USA		Country USA	
6. Name and Address of Current Registered Agent CALHOUN, MARY E 69 PINEWOOD DR. YULEE, FL 32097		7. Name and Address of New Registered Agent Name LATRECE ROWELL Street Address (P.O. Box Number is Not Acceptable) 850935 US Hwy 17 North City Yulee FL Zip Code 32097	
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;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 7/6/07 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by September 14, 2007		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 PD NAME JOHNSON, HARRY J STREET ADDRESS 824 HERITAGE LAKES DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE Secretary NAME Loice Shephard STREET ADDRESS 96148 Oniel Scott Rd. CITY-ST-ZIP Fernandina Beach, FL 32034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME WHITE, JEANNETTE STREET ADDRESS 1818 EAST STATE ROAD 200 CITY-ST-ZIP YULEE, FL 32097	<input checked="" type="checkbox"/> Delete	TITLE Member NAME Emily Gilyard STREET ADDRESS 86041 PALM TREE DR. CITY-ST-ZIP Yulee, FL 32097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME SUAREZ, ROBERT STREET ADDRESS 7988 GREGORY DRIVE - APT. 1901 CITY-ST-ZIP JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE Member NAME Denise Jefferson STREET ADDRESS 2955 W. 45th St. CITY-ST-ZIP Jacksonville, FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME GILIARD, ERVING STREET ADDRESS 5406 LEONARD STREET CITY-ST-ZIP FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE Member NAME FRANCES LYNCH STREET ADDRESS 7428 JFK Sr. Drive CITY-ST-ZIP Jacksonville, FL 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Member NAME Seremiah Mitchell STREET ADDRESS 8619 Fieldstone Drive CITY-ST-ZIP Yulee, FL 32097	<input type="checkbox"/> Change <input checked="" 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/6/07 <small>Daytime Phone #</small> 904 5480055	