## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

PROCESSE Place of Business - No FO Box * Mailing Address PO PO 600 640 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State PO Box 6 40 VILEE, FL 32041  2. Pincopal Place of Business - No FO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  2. Pincopal Place PO Box * State Po Box 6 40 VILEE, FL 32041  3. Replaced For Po Box 8 40 Place Po Box 8 Place Po Box 8 40 Place Po Box 8 Pla	DOCUMENT # N0100001168  1. Entity Name HEALING BALM OF NORTHEAST FLORIDA, INC.				on	7-09-2007 90051 0	38 ****70	.00	
Sign April & IS. Hwy /7/N Suite. April & Felt.   Suite. April & Felt	463237 STA	TE ROAD 200	PO BOX 640		4	ATER	ana listos strat laitu	<b>8</b> 1 <b>8</b> 1 1881	
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Coy & Systes	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			g-NP CR2E03	37 (12/06)		
Signal purposes of the purpose of changing its registered diffice or registered agent.  Signal purpose of principle of setting persons of the purpose of changing its registered diffice or registered agent. or both, in the State of Rondo. I saft tamplier with, and accept the obligations of registering agent and the Ligancean (Incit Registered Agent State).  Signal purpose of the obligations of registering in its statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rondo. I saft tamplier with, and accept the obligations of registering agent and the Ligancean (Incit Registered Agent Spoule required investigation).  Signal purpose of principle of the purpose of changing its registered diffice or registered agent, or both, in the State of Rondo. I saft tamplier with, and accept the obligations of registering agent and the Ligancean (Incit Registered Agent Spoule required investigation).  Signal purpose of principle of the purpose of changing its registered diffice or registered agent, or both, in the State of Rondo. I saft tamplier with, and accept the obligations of registering agent and the Ligancean (Incit Registered Agent Spoule required investigation).  Signal purpose of principle of the purpose of changing its registered diffice or registered agent, or both, in the State of Rondo. I saft tamplier with, and accept the purpose of changing its registered agent, or both, in the State of Rondo. I saft tamplier with, and accept the purpose of the obligation of registering agent and the Ligancean (Incit Registered Agent Spoule required agent, or both, in the State of Rondo. I saft tamplier with, and accept the purpose of the obligation of registering agent, and accept the purpose of the obligation of registering agent and the Ligancean (Incit Registering Agent Spoule required agent, or both, in the State of Rondo. I saft tamplier with, and accept the purpose of the obligation of registering agent agent and the Ligancean (Incit Registering Agent Spoule required age	City & State	9	City & State Vule	e FL	4. FEI Number 31-1769533	3	<del> </del>		
6. Name and Address of Current Registered Agent    CALHOUN MARY E	Źip O o	<del></del>		Country	5. Certificate of Sta	atus Desired	\$8.75 Addit	tional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		7. Name and Add	ess of New Registered	Agent		
Sircel Address (P.O. Box Number is Not Acceptable)  Sircel Address (P.O. Box Number is Not Acceptable view, in the State of Product of Pr	سه الأنا ا				TRECE RO	RECE Rowell			
850 935 US (HWY 7 No eth City Vulte FL Zie Cope 09 7	F69 PINEWOOD DR. Street Add				dress (P.O. Box Number is Not Acceptable)				
City   Ulter   FL   Zip Course   27,099   27,0	<del>-YULLE, 11</del>	<del>- 32097</del>		851	935 16	HWU 17	Wast	4	
8. The above named entity schools this statement for the purpose of changing its registered agent, or both, in the State of Porida. I an familiar with, and accept the obligations of registery defends.  SIGNATURE  FILING Fee is \$61.25  Due by September 14, 2007  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE  PD  JOHNSON, HARRY J  JOHNSON J  BELLE  JOHNSON J  J  JOHNSON J  J  J  J  J  J  J  J  J  J  J  J  J	•			1	7	FL	7:- 0		
SIGNATURE    Continue			the purpose of changing its reg	gistered office or regis		the State of Florida. I an	familiar with, a	and accept	
Filling Fee is \$61.25   9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State	the colligat	ions of registered agent.				~/.		Ì	
Filing Foe is \$61.25 Due by September 14, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  IIILE JOHNSON, HARRY J JOHNSON, HARRY J JACKSONVILLE, FL 32218  IIILE SCERETADORESS CITY-ST-2P JACKSONVILLE, FL 32210  IIILE JOHNSON, HARRY J JOHNS						• • • • • • • •	~ ~~~		
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NAME NAME	ITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 14, 2007  OFFICERS AND DIRE PD JOHNSON, HARRY J 824 HERITAGE LAKES DRIVE JACKSONVILLE, FL 32218 SD WHITE, JEANNETTE 1818 EAST STATE ROAD 200 YULEE, FL 32097 VD SUAREZ, ROBERT 7988 GREGORY DRIVE - APT. 19 JACKSONVILLE, FL 32210 TD GILYARD, ERVING 5406 LEONARD STREET	9. Election Campa Trust Fund Con  ECTORS  Delete  Delete  Delete  Delete	aign Financing Irribution.  11.  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME SIREET ADDRESS STREET ADRESS STREET ADDRESS	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE LEET ARY  OICE ON EIL  RNANDINA  MILY GILYAR  MILY GILYAR  MILY GILYAR  MILY GILYAR  MILY FIELD  MILY STEN	Florida Depairs TO OFFICERS AND DI ard Scott Rd. Beach, Fl.  TREE DR. 12097  Ferson 15t. 212  15h. Drive 1, FL. 322  1thell How Drive	The change Change Change Change Change Change Change	Addition  Addition	
	ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 14, 2007  OFFICERS AND DIRE PD JOHNSON, HARRY J 824 HERITAGE LAKES DRIVE JACKSONVILLE, FL 32218 SD WHITE, JEANNETTE 1818 EAST STATE ROAD 200 YULEE, FL 32097 VD SUAREZ, ROBERT 7988 GREGORY DRIVE - APT. 19 JACKSONVILLE, FL 32210 TD GILYARD, ERVING 5406 LEONARD STREET	9. Election Campa Trust Fund Con  ECTORS  Delete  Delete  Delete  Delete	aign Financing Irribution.  11.  ITILE NAME SIREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees  ADDITIONS/CHANGE LEET ARY  OICE ON EIL  RNANDINA  MILY GILYAR  MILY GILYAR  MILY GILYAR  MILY GILYAR  MILY FIELD  MILY STEN	Florida Depairs TO OFFICERS AND DI ard Scott Rd. Beach, Fl.  TREE DR. 12097  Ferson 15t. 212  15h. Drive 1, FL. 322  1thell How Drive	Change  Change  Change  Change	Addition  Addition  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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/6/8

904 548 0055 Daywre Phone #