

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001168

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** HEALING BALM OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

1303 JASMINE ST #102  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640  
YULEE, FL 32041

**New Mailing Address:**

**FEI Number:** 31-1769533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROWELL, LATRECE  
1303 JASMINE ST #102  
FERNANDINA BEACH, FL 32034 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 ( ) Delete  
Name: MITCHELL, JEREMIAH  
Address: 8619 FIELDSTON DR  
City-St-Zip: YULEE, FL 32097

Title: S ( ) Delete  
Name: SHEPARD, LOICE  
Address: 96148 O'NEIL SCOTT RD  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD ( ) Delete  
Name: SUAREZ, ROBERT  
Address: 7988 GREGORY DRIVE - APT. 1901  
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD ( ) Delete  
Name: GILYARD, ERVING  
Address: 5406 LEONARD STREET  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: M ( ) Delete  
Name: GILYARD, EMILY  
Address: 86041 PALM TREE DR  
City-St-Zip: YULEE, FL 32097

Title: M ( ) Delete  
Name: MITCHELL, JEREMIAH  
Address: 8619 FIELDSTON DR  
City-St-Zip: YULEE, FL 32097

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: LATRECE M. ROWELL

ED

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date