## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001168

FILED Jan 29, 2010 Secretary of State

Entity Name: HEALING BALM OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1303 JASMINE ST #102

FERNANDINA BEACH, FL 32034

**Current Mailing Address: New Mailing Address:** 

PO BOX 640 YULEE, FL 32041

FEI Number: 31-1769533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ROWELL, LATRECE 1303 JASMINE ST #102

FERNANDINA BEACH, FL 32034 US

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:** 

FLOYD, ALFRED Name: Address: 86508 EASTPORT

City-St-Zip: FERNANDINA BEACH, FL 32034

Title:

Name: JEFFERSON, DENISE Address: 2955 WEST 45TH STREET City-St-Zip: JACKSONVILLE, FL 32209

Title: VΡ

LYNCH, FRANCES Name:

7428 JOHN F. KENNEDY DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32219

Title: TD

Name: GILYARD, ERVING Address: 5406 LEONARD STREET City-St-Zip: FERNANDINA BEACH, FL 32034

Title:

CROOKS, TINA Name: 729 N. FLETCHER AVE. Address: City-St-Zip:

FERNANDINA BEACH, FL 32034

Title:

MASON, CHAUNCEY Name: Address: 86132 WORTHINGTON DR. YULEE, FL 32097 City-St-Zip:

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: LATRECE M. ROWELL ED 01/29/2010