

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001785

FILED  
May 15, 2008  
Secretary of State

**Entity Name:** HEALING HURTS MINISTRY INC.

**Current Principal Place of Business:**

1163 FRESHWATER LAKES DR.  
W. PALM BCH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1163 FRESHWATER LAKES DR.  
W. PALM BCH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-1082331      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BYRD, QUEEN K  
1163 FRESHWATER LAKES DR.  
W. PALM BCH, FL 33401      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:**

Title: PD      ( ) Delete  
Name: BYRD, QUEEN K  
Address: 1163 FRESHWATER LAKES DR.  
City-St-Zip: W. PALM BCH, FL 33401

Title: SD      ( ) Delete  
Name: WILEY, TRACY B  
Address: 1163 FRESHWATER LAKES DR.  
City-St-Zip: W. PALM BCH, FL 33401

Title: TD      ( ) Delete  
Name: KINSEY, SR., CHARLES LAVON  
Address: 3450 AVENUE T  
City-St-Zip: RIVIERA BEACH, FL 33404

**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:

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: QUEEN K. BYRD

PRES

05/15/2008

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

\_\_\_\_\_  
Date