

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001785

FILED
May 23, 2009
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

PD

05/23/2009

Electronic Signature of Signing Officer or Director

Date