## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000359

FILED Apr 29, 2008 Secretary of State

Entity Name: HEALING LIGHT SEMINARS, INC. **Current Principal Place of Business: New Principal Place of Business:** 279 N BABCOCK ST MELBOURNE, FL 32935 **Current Mailing Address: New Mailing Address:** 279 N BABCOCK ST MELBOURNE, FL 32935 FEI Number: 56-2297077 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: KINBERG, EDWARD J 1290 W. ÉAU GALLIE BLVD MELBOURNE, FL 32935 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RINDGE, DAVID Name: Name: Address: 279 N BABCOCK ST Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: RINDGE, SHELIA Name: Address: 279 N BABCOCK ST. Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: () Change () Addition BARTON, DOROTHY D Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SHEILA RINDGE D 04/29/2008

7730 INDIAN OAKS DR., APT. G 122

VERO BEACH, FL 32960

Address:

City-St-Zip: