

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000606

FILED
Mar 23, 2005
Secretary of State

Entity Name: HEALING ROOMS MINISTRIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

9465 W. SAMPLE ROAD
SUITE 200
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9465 W. SAMPLE ROAD
SUITE 200
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 75-2979995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KANE, M. DOROTHY
5870 N W 40TH LANE
COCONUT CREEK, FL 33073 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: D () Delete
Name: KANE, RICHARD F SR.
Address: 5870 N W 40TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: KANE, M. DOROTHY
Address: 5870 N W 40TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: ADAMS, J. WESLEY
Address: 14418 WILSHIRE CIRCLE
City-St-Zip: GRANDVIEW, MO 64030

Title: D () Delete
Name: CUTTER, PASTOR RANDY
Address: 6761 NW 22ND COURT
City-St-Zip: MARGATE, FL 33063

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: M. DOROTHY KANE

D

03/23/2005

Electronic Signature of Signing Officer or Director

Date