

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000606

FILED  
Mar 31, 2006  
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 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: M. DOROTHY KANE

SEC

03/31/2006

Electronic Signature of Signing Officer or Director

Date