

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000606

FILED
May 07, 2010
Secretary of State

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

Current Principal Place of Business:

5870 NW 40TH LANE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

5870 NW 40TH LANE
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 75-2979995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: M. DOROTHY KANE

D

05/07/2010

Electronic Signature of Signing Officer or Director

Date