2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2005
Secretary of State

DOCUMENT# N03000001013

Entity Name: THE HOLISTIC PASTORAL COUNSELING & HEALING EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

15271 NW 60 AVE STE 105
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15271 NW 60 AVE STE 105
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 01-0785560 **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:

BROWN, KARL S.H. ESQ.
190 NE 199 ST STE 207
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: TERRY SCAGLIONE 09/03/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PALMORE, ISAIAH A REV. DR
Address: 15271 NW 60 AVE STE 105
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: NICOLEAU, GINA
Address: 15271 NW 60 AVE STE 105
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete
Name: SMITH, CALLIE K
Address: 15271 NW 60 AVE STE 105
City-St-Zip: MIAMI LAKES, FL 33014

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 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: ISAIAH A. PALMORE PRES 09/03/2005
Electronic Signature of Signing Officer or Director Date