2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

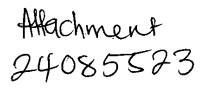
FILED Sep 17, 2004 8:00 am Secretary of State

DOCUMENT # N03000010870 1. Entity Name HEALERS OF THE BREACHED MINISTRIES, INCORPORATED				09-17-2004 90004 028 ****61.25				
Principal Place of Business 3265 FIDDLELEAF LANE LAKELAND, FL 33811		Mailing Address P.O. 80X 25005 LAKELAND, FL 33802-5005			t remines Mil	240855 MM M M M M M M M M M M M M M M M M M	18011 00:0 7 11831 8:0187 18 111 1	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		, ,	07262004	Chg-NP	CR2E037 (10/	03)
City & State	e	City & State			4. FEI Numbe	77625	7	Applied For Not Applicable
Zip	Country	Zip	Cou	intry		of Status Desired	\$8.79	Additional
	6. Name and Address of Currer	nt Registered Agent				Address of New	Registered Agent	44.00
6. Name and Address of Current Registered Agent THOMAS, WILLIE 3265 FIDDLELEAF LANE LAKELAND, FL 33811				Name Will; E Lyons Street Address (P.O. Box Number is Not Acceptable) 3265 Fiddle Paf Wy City a Volon of FL Zip Code				
	named entity submits this statement ions of registered agent.	for the purpose of changin	g its registere	ed office or reg	gistered agent, or bot	h, in the State of I	Florida. I am familiar	with, and accept
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	d Agent signature re	quired when reinstating)	protection and the second and a second and a second	DATE	
· · · ·	Signature, typed or printed name of registered age Filling Fee is \$61.25 ue by September 8, 2004	. 9. Election	(NOTE: Registered Campaign Fund Contributi	Financing	\$5.00 May B Added to Fees	e A	DATE Make check paya orida Department	
· · · ·	Filing Fee is \$61.25 ue by September 8, 2004 OFFICERS AND D	9. Election Trust Fu DIRECTORS	Campaign F	Financing ion.	\$5.00 May B Added to Fees ADDITIONS/CHA	A	Make check paya orida Department CERS AND DIRECTO	of State RS IN 10
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r riereby centry that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE 19/100 SIGNATURE AND TYPES ON PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

863-660-6064 Daytime Phone #



HEALERS OF THE BREACHED MINISTRIES, INCORPORATED

P.O. BOX 25005 LAKELAND, FL 33802-5005

September 12, 2004

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document#: N03000010870

Dear Sir or Madam:

Our corporation has not until this date received a notice to file its annual report. We went on line and found that we should have filed as early as may 2004. Please excuse our lateness. Reason being, no notice was received. We respectfully submit our annual fee of \$61.25 asking for your consideration of our lateness.

Sincerely,

Willie Thomas (Lyons)
President, Executive Officer