


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

09-17-2004 90004 028 ****61.25

DOCUMENT # N03000010870	
1. Entity Name HEALERS OF THE BREACHED MINISTRIES, INCORPORATED	

24085523



Principal Place of Business 3265 FIDDLELEAF LANE LAKELAND, FL 33811	Mailing Address P.O. BOX 25005 LAKELAND, FL 33802-5005
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2. Principal Place of Business Correct	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07262004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number 59-3776257	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent THOMAS, WILLIE 3265 FIDDLELEAF LANE LAKELAND, FL 33811		7. Name and Address of New Registered Agent Name Willie Lyons Street Address (P.O. Box Number is Not Acceptable) 3265 Fiddleleaf Wy City Lakeland FL Zip Code 33811	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, WILLIE 3265 FIDDLELEAF LANE LAKELAND, FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lyons, Willie 3265 Fiddleleaf Wy Lakeland, FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify 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:

Willie Lyons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04

863-662-0064

Date Daytime Phone #

Attachment
24085523

**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**