

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010870

FILED
Mar 05, 2006
Secretary of State

Entity Name: HEALERS OF THE BREACHED MINISTRIES, INCORPORATED

Current Principal Place of Business:

3265 FIDDLELEAF LANE
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25005
LAKELAND, FL 338025005

New Mailing Address:

FEI Number: 59-3776257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, WILLIE
3265 FIDDLELEAF LANE
LAKELAND, FL 33811 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: P () Delete
Name: LYONS, WILLIE
Address: 3265 FIDDLELEAF LANE
City-St-Zip: LAKELAND, FL 33811

Title: VP () Delete
Name: TAYLOR, ADRIAN REV.
Address: 902 SE 10 TERR
City-St-Zip: GAINESVILLE, FL 32601

Title: T/SE () Delete
Name: HARPER, ALEX REV.
Address: 1521 PROVIDENCE RD
City-St-Zip: LAKELAND, FL 33805

Title: BM () Delete
Name: BEST, WYNIE
Address: 405 N. OREGON AVE
City-St-Zip: TAMPA, FL 33606

Title: BM () Delete
Name: NEWKIRK, STACEY
Address: 100 N. UNION STREET #720
City-St-Zip: MONTGOMERY, AL 36104

Title: BM () Delete
Name: BELL, FLEET REV
Address: 1501 N LARITGUE AVE
City-St-Zip: MOBILE, AL 36605

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: SPEARMAN, BEATRICE
Address: 2420 E. EMMA STREET
City-St-Zip: TAMPA, FL 33610

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: WILLIE LYONS

P

03/05/2006

Electronic Signature of Signing Officer or Director

Date