

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010870

FILED
May 01, 2010
Secretary of State

Entity Name: HEALERS OF THE BREACHED MINISTRIES, INCORPORATED

Current Principal Place of Business:

3265 FIDDLELEAF WAY
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

3265 FIDDLELEAF WAY
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3776257 **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:

Name and Address of New Registered Agent:

LYONS, WILLIE
3265 FIDDLELEAF WAY
LAKELAND, FL 33811 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: P
Name: LYONS, WILLIE
Address: 3265 FIDDLELEAF WAY
City-St-Zip: LAKELAND, FL 33811

Title: VP
Name: JOHNSON, MAURICE REV.
Address: 1320 DOUGLAS AVE
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

Title: BM
Name: FELDER, HARRIETT
Address: 370 W. 22ND STREET
City-St-Zip: RIVIERA BEACH, FL 33404

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

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: WILLIE LYONS

P

05/01/2010

Electronic Signature of Signing Officer or Director

Date