

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010870

FILED  
May 01, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

LYONS, WILLIE  
3265 FIDDLELEAF WAY  
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  
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

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date