

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000449

FILED
Apr 22, 2005
Secretary of State

Entity Name: HEALING THRU ARTS, INC.

Current Principal Place of Business:

2539 AMBASSADOR AVE.
COOPER CITY, FL 33026

New Principal Place of Business:

100 EAST LINTON BLVD.
SUITE 411-B
DELRAY BEACH, FL 33483

Current Mailing Address:

2539 AMBASSADOR AVE.
COOPER CITY, FL 33026

New Mailing Address:

100 EAST LINTON BLVD.
SUITE 411-B
DELRAY BEACH, FL 33483

FEI Number: 90-0137834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW, VALERIE C MRS.
2539 AMBASSADOR AVE.
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

LAUGHLIN, ANASTASIA MRS.
2105 SPRING HARBOR DRIVE
APT A
DELRAY BEACH, FL 33445 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: ANASTASIA LAUGHLIN

04/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARTELY, SHIRLEY A
Address: 635 N.E. 64TH STREET # 4
City-St-Zip: MIAMI, FL 33138

Title: V () Delete
Name: LAW, VALERIE C
Address: 2539 AMBASSADOR AVE
City-St-Zip: COOPER CITY, FL 33026

Title: S () Delete
Name: JOHNSON, JODY A
Address: 163 SEMINOLE LANE
City-St-Zip: BOCA RATON, FL 33487

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUPONT, COLLEEN P
Address: 163 SEMINOLE LANE
City-St-Zip: BOCA RATON, FL 33487

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

Title: S (X) Change () Addition
Name: LAUGHLIN, ANASTASIA
Address: 2105 SPRING HARBOR
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Change (X) Addition
Name: JOHNSON-BARRA, JODY
Address: 2544 SWANSON AVE
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JODY JOHNSON-BARRA

T

04/22/2005

Electronic Signature of Signing Officer or Director

Date