


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90050 047 \*\*\*\*70.00

<b>DOCUMENT # N04000001361</b> 1. Entity Name <b>G.W.A.H. HEALING WAY INSTITUTE, INC.</b>					
Principal Place of Business 911 NW 209TH AVENUE, SUITE 121 PEMBROKE PINES, FL 33029 US			Mailing Address 911 NW 209TH AVENUE, SUITE 121 PEMBROKE PINES, FL 33029 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>42-1617617</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAPADIA, D.N., ELIZABETH</b> <b>2001 N HIATUS RD</b> <b>PEMBROKE PINES, FL 33026</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <i>Dr. Elizabeth Kapadia President Pastor</i>  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature is required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Make check payable to Florida Department of State</b> </div> <div style="width: 55%;"></div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT KAPADIA, D.N., ELIZABETH % 2001 N HIATUS RD PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 N. Hiatus Rd (Take % off)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KAPADIA, KARL % 2001 N HIATUS RD PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 N. Hiatus Rd (Take % off)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MIRANDA, EVELYN % 2001 N HIATUS RD PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Dennis T. Morsani Jr. 12644 NW 13 Ct. Sunrise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEWART, RISA % 2001 N HIATUS RD PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2001 N. Hiatus Rd (Take % off)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DESANTIS, KATHY 2421 NW 112 WAY PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Helen Young 1103 NW 180 Avenue Pembroke Pines, FL 33029	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEMMON, CARMELA 2529 GARDEN CT COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Yvonne Chuck-shing 8651 NW 30th St. Pembroke Pines, FL 33024	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Dr. Elizabeth Kapadia</i> <span style="float: right;">4/3/07 954-303-8533</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT  
2nd page  
continued -  
Additions  
40052878

<b>DOCUMENT # N04000001361</b> 1. Entity Name <b>G.W.A.H. HEALING WAY INSTITUTE, INC.</b>					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04032007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>42-1617617</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KAPADIA, D.N., ELIZABETH 2001 N HIATUS RD PEMBROKE PINES, FL 33026				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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SIGNATURE <i>Dr. Elizabeth Kapadia President-Pastor</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>Dr. Elizabeth Kapadia</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Laura Gonzalez 1298 N. 77 St. Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>KAPADIA, D.N.</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Stephanie Gonzalez 1298 W 77 St. Hialeah, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>KAPADIA, D.N.</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Odalys M Rodriguez 342 SW 184 Way Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>STEWART, RISA</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<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	<del>SEANTON, TONY</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<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	<del>SEAN, CARMONA</del> <del>2001 N HIATUS RD</del> <del>PEMBROKE PINES, FL 33026</del>	<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 exemptions contained 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 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: <i>Dr. Elizabeth Kapadia</i> <i>President-Pastor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>4/3/07</i> Daytime Phone #: <i>954-303-8533</i>					