

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001361

FILED
Feb 17, 2011
Secretary of State

Entity Name: G.W.A.H. HEALING WAY INSTITUTE, INC.

Current Principal Place of Business:

7100 TAFT STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

7100 TAFT STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 42-1617617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPADIA, D.N., ELIZABETH
2001 N HIATUS RD
PEMBROKE PINES, FL 33026 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: PT
Name: KAPADIA, D.N., ELIZABETH
Address: 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V
Name: KAPADIA, KARL
Address: 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V
Name: MORSANI, DENNIS T JR
Address: 12644 NW 13 CT
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: STEWARD, RISA
Address: 2001 N HIATUS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T
Name: RODRIGUEZ, ODALYS
Address: 342 SW 184TH WAY
City-St-Zip: HOLLYWOOD, FL 33029

Title: D
Name: CHUCK-SHING, YVONNE
Address: 8651 NW 3RD ST
City-St-Zip: PEMBROKE PINES, FL 33024

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: ELIZABETH KAPADIA

PT

02/17/2011

Electronic Signature of Signing Officer or Director

Date