

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003106

FILED
Apr 24, 2005
Secretary of State

Entity Name: HEALING FROM THE INSIDE/OUT MINISTRIES, INC.

Current Principal Place of Business:

629 NE 5TH AVE #7
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

P O BOX 1251
FORT LAUDERDALE, FL 33302

New Mailing Address:

P O BOX 147
FORT LAUDERDALE, FL 33302

FEI Number: 41-2132762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, DELOISE (DEE)
629 NE 5TH AVE #7
FORT LAUDERDALE, FL 33304 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: PD () Delete
Name: TOWNSEND, DELOISE (DEE)
Address: 629 NE 5TH AVE #7
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TD () Delete
Name: GREENE, LATRICE C
Address: 610 NE 1ST AVE #9
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD () Delete
Name: GRESHAM, TRACY
Address: 2700 S. OAKLAND FOREST DRIVE #305
City-St-Zip: OAKLAND PARK, FL 33309

Title: A D () Delete
Name: STROUD, JEAN
Address: 219 NW 40TH COURT #1
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD () Delete
Name: MONCRIEFFE, DIONNE
Address: 7704 NW 5TH STREET #2J
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change () Addition
Name: KING, EBONIE N
Address: 1050 S.W. 76TH AVENUE, APT.#1
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: DELOISE TOWNSEND

PD

04/24/2005

Electronic Signature of Signing Officer or Director

Date