

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009229

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE CITY OF HEALING AND PROSPERITY, INC.

Current Principal Place of Business:

10474 VIA DEL SOL
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

POB 171
CLARCONA, FL 32710

New Mailing Address:

FEI Number: 20-1690740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD R.T.
10474 VIA DEL SOL
ORLANDO, FL 32817 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: COB () Delete
Name: DAVIS, RICHARD R.T.
Address: P O BOX 171
City-St-Zip: CLARCONA, FL 32710

Title: D () Delete
Name: ALEXANDER, NATALIE
Address: 10474 VIA DEL SOL
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DAVIS, RICHARD
Address: 3355 S KIRKMAN RD - # 1314
City-St-Zip: ORLANDO, FL 32805

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NATALIE J. ALEXANDER

ADMI

04/30/2009

Electronic Signature of Signing Officer or Director

Date