

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011975

FILED
Aug 31, 2006
Secretary of State

Entity Name: HEALING HEARTS MINISTRIES INC.

Current Principal Place of Business:

10790 CHILDERS STREET
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

10790 CHILDERS STREET
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 20-2039865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MYRON S
10790 CHILDERS STREET
BONITA SPRINGS, FL 34135 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: D () Delete
Name: VIVONI, JOFFRE P
Address: 6134 SHETLAND ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: SMITH, TERILYN
Address: 10790 CHILDERS STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SMITH, JASON S
Address: 27937 TEMPLE TERRACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: SMITH, CHRISTOPHER A
Address: 10790 CHILDERS STREET
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P () Delete
Name: SMITH, MYRON S
Address: 10790 CHILDERS STREET
City-St-Zip: BONITA SPRINGS, FL 34135

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERILYN SMITH

D

08/31/2006

Electronic Signature of Signing Officer or Director

Date