


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90078 001 ****61.25

DOCUMENT # N05000002165 1. Entity Name EAST WOODLAND ROAD HOME AND LAND OWNERS, INC.	
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Principal Place of Business 119 E WOODLAND RD SOUTHPORT, FL 32409	Mailing Address P.O. BOX 8167 SOUTHPORT, FL 32409
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 72-1595047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAELS, GORDON L 119 E WOODLAND RD SOUTHPORT, FL 32405
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, BILLY 607 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KINARD, RACHEL 18 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MICHAELS, GORDON 119 E WOODLAND RD SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CULLEN, VAL 104 E. WOODLAND RD. SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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  **GORDON L. MICHAELS DT** **7/2/07** **850-348-0646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
~~NATIONAL HEALING~~
~~CORPORATION~~

40124400

N05000002165

Please Abate late filing penalty
due to circumstances that prevented
us from having our meeting to elect
new officers.

Thank you in advance
James J. J. J.