

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007612

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** TREES OF HEALING MINISTRIES, INC.

**Current Principal Place of Business:**

2404 LAKEWOOD DR  
PADUCAH, KY 42003

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 488  
WEST PADUCAH, KY 42086

**New Mailing Address:**

**FEI Number:** 59-3781371

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILLER, ROSS  
839 KELL-AIRE  
DESTIN, FL 32541 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  
Name: MILLER, LYNN  
Address: 2404 LAKEWOOD DR  
City-St-Zip: PADUCAH, KY 42003

Title: D  
Name: MILLER, ROSS  
Address: 2404 LAKEWOOD DR  
City-St-Zip: PADUCAH, KY 42003

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:** ROSS MILLER

D

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date