2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N05000008175

Entity Name: HURTING AND WAITING TO BE HEALED MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 1438
BOYNTON BEACH, FL 334251438 US

New Principal Place of Business:

2591 NW 1ST STREET
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

P. O. BOX 1438
BOYNTON BEACH, FL 334251438 US

New Mailing Address:

2591 NW 1ST STREET
BOYNTON BEACH, FL 33435 US

FEI Number: 20-3278494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYS, ANTHONY
1291 SOUTHWEST 28TH AVENUE
BOYNTON BEACH, FL 334251438 US

Name and Address of New Registered Agent:

FORREST, DOROTHY
2591 NW 1ST STREET
BOYNTON BEACH, FL 33435 US

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: DOROTHY FORREST 04/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FORREST, DOROTHY
Address: 2591 NW 1ST STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S, ( ) Delete
Name: DENSON, BERTHA
Address: 235 NW 11TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T ( ) Delete
Name: JONES, MARSHA
Address: 2160 NE 1ST LANE
City-St-Zip: BOYNTON BEACH, FL 33435

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: DOROTHY FORREST P 04/17/2009
Electronic Signature of Signing Officer or Director Date