


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State


08-28-2006 90008 001 ****61.25

08-28-2006 90008 002 *****8.75

DOCUMENT # N05000010469 1. Entity Name HEALING FOUNDATION OF AMERICA, INC.					
Principal Place of Business 1201 HAYES ST. TALLAHASSEE, FL 32301			Mailing Address 1201 HAYES ST. TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address 1005 E. Fargo St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Broken Arrow, Oklahoma		4. FEI Number 65-1273366	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 74012		Country Tulsa		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES ST. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIGGINS, WILLIAM H 1005 E. FARGO ST. BROKEN ARROW, OK 74012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIGGINS, TERESA T 1005 E. FARGO ST. BROKEN ARROW, OK 74012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILLIAMS, TIMOTHY R 12813 E. 71ST., LOT 34 BROKEN ARROW, OK 74012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <i>William H Higgins</i> William H Higgins, President 8-12-06 918-355-8676 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT
C 6023509

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City & State		City & State Broken Arrow, Oklahoma	
Zip	Country	Zip	Country
74012		Tulsa	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, TERESA T 1005 E. FARGO ST. BROKEN ARROW, OK 74102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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