

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011315

FILED
Apr 25, 2007
Secretary of State

Entity Name: HEALING AND HEALTH NOW FOUNDATION, INC.

Current Principal Place of Business:

9 KNOTWOOD LN
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

9 KNOTWOOD LN
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINA, SALVATORE
9 KNOTWOOD LN
HOMOSASSA, FL 34446 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: DCP () Delete
Name: CINA, NORA
Address: 9 KNOTWOOD LN
City-St-Zip: HOMOSASSA, FL 34446

Title: DVCV () Delete
Name: CINA, SALVATORE
Address: 9 KNOTWOOD LN
City-St-Zip: HOMOSASSA, FL 34446

Title: DT () Delete
Name: VELEZ, PETER
Address: 4009 SEADragon BLUFF
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: IPOLITO, BERNICE
Address: 1531 MANOR WAY
City-St-Zip: GLENWOOD, FL 32722

Title: DS (X) Delete
Name: BAUER-HUGHES, JANE
Address: 86 BELL OF IRELAND CT
City-St-Zip: HOMOSASSA, FL 34446

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 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: SALVATORE CINA

DVCV

04/25/2007

Electronic Signature of Signing Officer or Director

Date