



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000001450</b>	
1. Entity Name <b>HEALING EACH LONELY PERSON MINISTRIES, INC.</b>	

Principal Place of Business <b>2403 WOODBINE DR. CRESTVIEW, FL 32536</b>	Mailing Address <b>P. O. BOX 965 CRESTVIEW, FL 32536</b>
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**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>75-3211321</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WATERS, SAMUEL E  
2403 WOODBINE DR.  
CRESTVIEW, FL 32536**

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IN THIS SPACE**

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.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000783889 01/16/08-80034-006 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>WATERS, SAMUEL E 2403 WOODBINE DR. CRESTVIEW, FL 32536</b>
TITLE <b>TS</b>	<b>WATERS, JUDY ANN 2403 WOODBINE DR. CRESTVIEW, FL 32536</b>
TITLE <b>VD</b>	<b>KYKER, KEITH 2406 WOODBINE DR. CRESTVIEW, FL 32536</b>
TITLE <b>D</b>	<b>GRIMM, WADE 5984 SILVER OAKS LANE CRESTVIEW, FL 32536</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	

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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:** Samuel E. Waters / Samuel E. Waters 1-12-08 850-983-5899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #