

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004764

FILED
Apr 19, 2007
Secretary of State

Entity Name: THE HEALING CENTER OF CHRIST NONDENOMINATION MINISTRIES, INC.

Current Principal Place of Business:

307 MAIN STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

115 ROBINSON AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 20-4795903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRIS, JIMMIE L SR
115 ROBINSON AVENUE
PALATKA, FL 32177 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: P () Delete
Name: HARRIS, JIMMIE L SR.
Address: 115 ROBINSON AVENUE
City-St-Zip: PALATKA, FL 32177

Title: VP () Delete
Name: HARRIS, BARBARA A
Address: 115 ROBINSON AVENUE
City-St-Zip: PALATKA, FL 32177

Title: ADM () Delete
Name: LONG, MARCIA M
Address: 315 CHEST NUT STREET
City-St-Zip: CRESCENT CITY, FL 32112

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: PERRY, JERLENE
Address: 115 ROBINSON AVE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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: JIMMIE L. HARRIS SR.

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date