2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# N06000007227

Entity Name: WORLD CHANGERS HEALING INTERNATIONAL, INC.

Current Principal Place of Business:

1801 NW 35TH AVENUE
LAUDERHILL, FL 33311

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25012
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 20-4291250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GREEN, VERNA
1801 NW 35TH AVENUE
LAUDERHILL, FL 33311 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: PD ( ) Delete
Name: GREEN, VERNA
Address: 1801 NW 35TH AVENUE
City-St-Zip: LAUDERHILL, FL 33311

Title: D ( ) Delete
Name: MILLER, DAISY
Address: 1801 NW 35TH AVENUE
City-St-Zip: LAUDERHILL, FL 33311

Title: D ( ) Delete
Name: FACEN, DOROTHY
Address: 1710 NW 34TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: SPENCER, PATRICIA
Address: 2601 NW 52ND AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33313

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:

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: VERNA GREEN PD 09/08/2009

Electronic Signature of Signing Officer or Director — Date