2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N06000011325

Entity Name: HEALING PLACE WORLDWIDE MINISTRIES, INC.

Current Principal Place of Business:

7862 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

7862 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 33-1146696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASH, BETTY L
7862 W. IRLO BRONSON HWY
KISSIMMEE, FL 34747 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: CASH, J L APOSTLE
Address: 7862 W. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: V ( ) Delete
Name: CASH, BETTY
Address: 7862 W. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34747

Title: T (X) Delete
Name: ROSS, REBECCA
Address: 1520 ADDIE AVENUE
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete
Name: CASH, JANICE
Address: 7862 W. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34747

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/S (X) Change ( ) Addition
Name: CASH, JANICE
Address: 7862 W. IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34747

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: BETTY CASH V 04/28/2008
Electronic Signature of Signing Officer or Director — Date