

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000136

FILED
Apr 22, 2008
Secretary of State

Entity Name: ABBA'S HOUSE OF HEALING, INC.

Current Principal Place of Business:

2120 A STONE CREEK DR
ORANGE PARK, FL 320034013

New Principal Place of Business:

Current Mailing Address:

2120 A STONE CREEK DR
ORANGE PARK, FL 320034013

New Mailing Address:

FEI Number: 20-8205601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALLIN, BOBBY
2120 A STONE CREEK DR
ORANGE PARK, FL 320034013 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: D () Delete
Name: BIERY, MARK
Address: 3909 SAN BERNARDO DR
City-St-Zip: JACKSONVILLE, FL 322174610

Title: D () Delete
Name: BIERY, SUZANNE
Address: 3909 SAN BERNARDO DR
City-St-Zip: JACKSONVILLE, FL 322174610

Title: D () Delete
Name: FALLIN, ROBERT M
Address: 2120 A STONE CREEK DR
City-St-Zip: ORANGE PARK, FL 320034013

Title: D () Delete
Name: FALLIN, MARTHA R
Address: 2120 A STONE CREEK DR
City-St-Zip: ORANGE PARK, FL 320034013

Title: D () Delete
Name: FUTCH, ED
Address: 873 ORANGE WOODS DR
City-St-Zip: JACKSONVILLE, FL 322593119

Title: D () Delete
Name: FUTCH, PENNY
Address: 873 ORANGE WOODS DR
City-St-Zip: JACKSONVILLE, FL 322593119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FALLIN, ROBERT M
Address: 2120 A STONE CREEK DR
City-St-Zip: ORANGE PARK, FL 320034013

Title: V (X) Change () Addition
Name: FALLIN, MARTHA R
Address: 2120 A STONE CREEK DR
City-St-Zip: ORANGE PARK, FL 320034013

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: ROBERT M. FALLIN

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date