

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000136

FILED  
Apr 29, 2009  
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:

2120 STONE CREEK DR  
VILLA A  
FLEMING ISLAND, FL 320034013

## Current Mailing Address:

2120 A STONE CREEK DR  
ORANGE PARK, FL 320034013

## New Mailing Address:

2120 STONE CREEK DR  
VILLA A  
FLEMING ISLAND, FL 320034013

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:

FALLIN, BOBBY  
2120 STONE CREEK DR  
VILLA A  
FLEMING ISLAND, FL 320034013 US

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: BOBBY FALLIN

04/29/2009

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

Title: V ( ) 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: FLEMING ISLAND, FL 320034013

Title: V (X) Change ( ) Addition  
Name: FALLIN, MARTHA R  
Address: 2120 A STONE CREEK DR  
City-St-Zip: FLEMING ISLAND, 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: BOBBY FALLIN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date