

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000900

FILED
Jan 26, 2009
Secretary of State

Entity Name: HEALING WATERS FAMILY LIFE CENTER, INC.

Current Principal Place of Business:

690 CALOOSA ESTATES DR
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 1560
LABELLE, FL 33975

New Mailing Address:

FEI Number: 56-2637999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFORTH, JAY
690 CALOOSA ESTATES DR
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

GOFORTH, JAY P PASTOR
690 CALOOSA ESTATES DR
LABELLE, FL 33935 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: JAY P GOFORTH

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOFORTH, JAY
Address: 690 CALOOSA ESTATES DR
City-St-Zip: LABELLE, FL 33935

Title: VPD () Delete
Name: LANGFORD, PAT
Address: P O BOX 122
City-St-Zip: LABELLE, FL 33975

Title: D () Delete
Name: GRIFFIN, BILLY
Address: 16380 JAY TERRACE
City-St-Zip: LABELLE, FL 33935

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOFORTH, JAY P
Address: 690 CALOOSA ESTATES DR
City-St-Zip: LABELLE, FL 33935

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

Title: D (X) Change () Addition
Name: GRIFFIN, BILLY
Address: 1569 JAY TERRACE
City-St-Zip: LABELLE, FL 33935

Title: TREA () Change (X) Addition
Name: FILLINGAME, ANGELA S
Address: 6250 N DOUBLE J ACRES
City-St-Zip: LABELLE, FL 33935

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: ANGELA S FILLINGAME

TREA

01/26/2009

Electronic Signature of Signing Officer or Director

Date