

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000900

FILED
Mar 24, 2010
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:

3102 E SR 80
LABELLE, FL 33935

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 P PASTOR
690 CALOOSA ESTATES DR
LABELLE, FL 33935 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
Name: GOFORTH, JAY P
Address: 690 CALOOSA ESTATES DR
City-St-Zip: LABELLE, FL 33935

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

Title: D
Name: GRIFFIN, BILLY
Address: 1569 JAY TERRACE
City-St-Zip: LABELLE, FL 33935

Title: TREA
Name: DUNNE, RITA
Address: 271 N RIVERVIEW ST
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: JAY GOFORTH

PD

03/24/2010

Electronic Signature of Signing Officer or Director

Date