2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N07000001339

Entity Name: LIVING AND HEALING MINISTRY, INC.

Current Principal Place of Business:

10721 NORTH PAWNEE AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

10721 NORTH PAWNEE AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 76-0849086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSLEY, ANDREA M
10721 NORTH PAWNEE AVENUE
TAMPA, FL 33617 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: PF ( ) Delete
Name: PARSLEY, DOUGLAS E
Address: 10721 NORTH PAWNEE AVENUE
City-St-Zip: TAMPA, FL 33617

Title: F ( ) Delete
Name: PARSLEY, ANDREA M
Address: 10721 NORTH PAWNEE AVENUE
City-St-Zip: TAMPA, FL 33617

Title: A ( ) Delete
Name: LINDA Y.R. PARSLEY B, URKS
Address: 2553 PARKLAND BLVD.
City-St-Zip: HINESVILLE, GA 31313

Title: D ( ) Delete
Name: PARSLEY, CHANITA N
Address: 11323 NORTH 50TH STREET #14
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete
Name: PARSLEY, LAKENNYA S
Address: 2701 SW 13TH STREET #B-5
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: A (X) Change ( ) Addition
Name: BURKS, LINDA P
Address: 710 MARLBOROUGH COURT
City-St-Zip: HINESVILLE, GA 31313

Title: D (X) Change ( ) Addition
Name: PARSLEY, CHANITA N
Address: 10721 N. PAWNEE AVE.
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change ( ) Addition
Name: PARSLEY, LAKENNYA S
Address: P.O. BOX 457
City-St-Zip: GAINESVILLE, FL 32602

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: DOUGLAS E. PARSLEY PF 04/29/2008

Electronic Signature of Signing Officer or Director — Date