

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008550

FILED
Apr 27, 2009
Secretary of State

Entity Name: HEALING ROOMS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

34 INDIAN BAYOU DR.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

34 INDIAN BAYOU DR.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 26-0868561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONANT, RICHARD G
34 INDIAN BAYOU DR.
DESTIN, FL 32541 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 () Delete
Name: CONANT, RICHARD G
Address: 34 INDIAN BAYOU DR.
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: CONANT, BLANCA E
Address: 34 INDIAN BAYOU DR.
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: MOORS, SANDI
Address: 531 STAHLMAN AVE.
City-St-Zip: DESTIN, FL 32541

Title: DIR () Delete
Name: WISE, DOROTHY
Address: 341 SKYLER RUN
City-St-Zip: DESTIN, FL 32541

Title: DIR () Delete
Name: CARRON, JANE
Address: 4370 OLD BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541

Title: DIR () Delete
Name: DALY, RANDALL
Address: 837 KIRKWOOD AVE
City-St-Zip: NASHVILLE, TN 37204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BLANCA CONANT

SD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date