

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001342

FILED
Apr 24, 2010
Secretary of State

Entity Name: THE HEALING HOUSE, INCORPORATED

Current Principal Place of Business:

LAKE VIEW OFFICE PARK
1025 S SEMORAN BLVD, STE. 1025
WINTER PARK, FL 32792

New Principal Place of Business:

1579 LAKE BALDWIN LANE,
UNIT A
ORLANDO, FL 32814

Current Mailing Address:

LAKE VIEW OFFICE PARK
1025 S SEMORAN BLVD, STE. 1025
WINTER PARK, FL 32792

New Mailing Address:

P.O. BOX #67755
WINTER PARK, FL 32867

FEI Number: 26-2041638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, TAMMY
1025 S. SEMORAN BLVD., STE. 1093
LAKE VIEW OFFICE PARK
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

AUSTIN, TAMMY
1579 LAKE BALDWIN LANE, UNIT A
ORLANDO, FL 32814 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: _____

04/24/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: AUSTIN, TAMMY
Address: 1579 LAKE BALDWIN LANE, UNIT A
City-St-Zip: ORLANDO, FL 32814

Title: O
Name: AUSTIN, M. ANDRE
Address: 1579 LAKE BALDWIN LANE, UNIT A
City-St-Zip: ORLANDO, FL 32814

Title: O
Name: BERAUD, LORRAINE
Address: 1579 LAKE BALDWIN LANE, UNIT A
City-St-Zip: ORLANDO, FL 32814

Title: O
Name: WILSON, LORRAINE
Address: 1579 LAKE BALDWIN LANE, UNIT A
City-St-Zip: ORLANDO, FL 32814

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: TAMMY AUSTIN

PRES

04/24/2010

Electronic Signature of Signing Officer or Director

Date