## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000001342

Entity Name: THE HEALING HOUSE, INCORPORATED

FILED Apr 30, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1025 S SEMORAN BLVD 1035 S SEMORAN BLVD STE 1093 STE 1040

WINTER PARK, FL 32792 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

P.O. BOX #677955 ORLANDO, 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: Name and Address of New Registered Agent:

AUSTIN, TAMMY
1025 S SEMORAN BLVD
AUSTIN, TAMMY
1035 S SEMORAN BLVD

1093 1040 WINTER PARK, FL 32792 US WINTER PARK, FL 32792 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: 04/30/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: AUSTIN, TAMMY

Address: 1035 S SEMORAN BLVD, STE 1040

City-St-Zip: WINTER PARK, FL 32792

Title: C

Name: AUSTIN, M. ANDRE

Address: 1035 S SEMORAN BLVD, STE. 1040

City-St-Zip: WINTER PARK, FL 32792

Title: C

Name: LOGAN, MARGOT

Address: 1035 S SEMORAN BLVD, STE 1040

City-St-Zip: WINTER PARK, FL 32792

Title: C

Name: WILSON, LORAINE

Address: 1035 S SEMORAN BLVD, ST. 1040

City-St-Zip: WINTER PARK, FL 32792

Title: C

Name: BRIM, DYNITIA

Address: 1035 S SEMORAN BLVD, STE. 1040

City-St-Zip: WINTER PARK, FL 32792

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 P 04/30/2012