2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MINISTRY OF HEALING FOR PERSONS WITH DISABILITIES & SPECIAL NEEDS, INC.

Current Principal Place of Business:

723 KENTUCKY ST.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

723 KENTUCKY ST.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 77-0716098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ANGELINA
95 HICKORY HILLS CIR
ORMOND BEACH, FL 32174 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: P
Name: ANDERSON, SHIRLEY B
Address: 723 KENTUCKY ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: STATEN, LINDA
Address: 723 KENTUCKY ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D
Name: GONZALEZ, ANGELINA
Address: 723 KENTUCKY ST.
City-St-Zip: DAYTONA BEACH, FL 32114

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: SHIRLEY ANDERSON DIRE 03/05/2011

Electronic Signature of Signing Officer or Director Date