

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004196

FILED  
Feb 25, 2010  
Secretary of State

Entity Name: HEALING WORDS MINISTRIES OF JACKSONVILLE, INC

**Current Principal Place of Business:**

5615 SAN JUAN AVENUE  
203  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

5615 SAN JUAN AVENUE  
203  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 50-1448739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, CHERYL B  
5615 SAN JUAN AVE.  
203  
JACKSONVILLE, FL 32210 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: WILLIAMS, CHERYL B  
Address: 5615 SAN JUAN AVE., APT 203  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP  
Name: WILLIAMS, DWIGHT R SR  
Address: 5615 SAN JUAN AVE., APT 203  
City-St-Zip: JACKSONVILLE, FL 32210

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: CHERYL B. WILLIAMS

Electronic Signature of Signing Officer or Director

P

02/25/2010

Date