2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006266

FILED Apr 30, 2009 Secretary of State

Entity Name: THE HEALING AND EMPOWERMENT SANCTUARY FOR WOMEN, INC.

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

3809 SW ST. LUCIE SHORES DR. PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3809 SW ST. LUCIE SHORES DR. PALM CITY, FL 34990

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

YANICK, KRISTIN YANICK, KRISTIN M

3809 SW ST. LUCIE SHORES DR. 3809 SW ST. LUCIE SHORES DR. PALM CITY, FL 34990 PALM CITY, FL 34990

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: KRISTIN M. YANICK 04/30/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

YANICK, KRISTIN M. YANICK, KRISTIN M Name: Name: 3809 SW ST. LUCIE SHORES DR. Address: 3809 SW ST. LUCIE SHORES DR. Address:

PALM CITY, FL 34990 PALM CITY, FL 34990

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: CLAYTON, JESSICA R. Name: CLAYTON, JESSICA R

Address: 7606 SW 58 LANE, #240 Address: 2337 SW ARCHER ROAD #4059 City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete Title: () Change () Addition

JENKINS, DIANA Name: Name: 3207 SW BESSEY CREEK TRAIL Address: Address: City-St-Zip: PALM CITY, FL 34990 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: KRISTIN M.YANICK D 04/30/2009