

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008804

FILED
Jan 14, 2011
Secretary of State

Entity Name: HEALING STREAMS CONFLICT RESOLUTION SERVICES, INC.

Current Principal Place of Business:

1800 TACONIC ROAD
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

1800 TACONIC ROAD
AVON PARK, FL 33825

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, CHARLIE G REV.
1800 TACONIC ROAD
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

NELSON, CHARLIE G DR.
1800 TACONIC ROAD
AVON PARK, FL 33825 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: DR. CHARLIE NELSON CAP CMHP

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: NELSON, CHARLIE G FOUNDER
Address: 1800 TACONIC ROAD
City-St-Zip: AVON PARK, FL 33825

Title: ST
Name: NELSON, HILDA DIANE
Address: 1800 TACONIC ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D
Name: TRAVERS, LINDA RN
Address: 2526 VAN PELT ROAD
City-St-Zip: SEBRING, FL 33870

Title: D
Name: TRAVERS, PAUL
Address: 2526 VAN PELT ROAD
City-St-Zip: SEBRING, FL 33870

Title: D
Name: REED, DOROTHY RN
Address: 323 BELLE FIELD AVE.
City-St-Zip: LAKE PLACID, FL 33852

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: DR. CHARLIE G. NELSON

OFFI

01/14/2011

Electronic Signature of Signing Officer or Director

Date