2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N08000010140

Entity Name: HEALING TOUCH MUSIC THERAPY, INC.

Current Principal Place of Business:

3500 STATE ROAD 16
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

3500 STATE ROAD 16
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 30-0511629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MITCHELL, GRETCHEN D
3500 STATE ROAD 16
SAINT AUGUSTINE, FL 32092 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 ( ) Delete
Name: KING, NANCY
Address: 494 KELLER LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TR ( ) Delete
Name: HEIGHT, MARY
Address: 1055 PONTE VEDRA BEACH BLVD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SEC ( ) Delete
Name: CARPENTER, JILL
Address: 1850 PRUNIER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: BATTREL, FRANK
Address: 1128 SANDLAKE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: NANCY KING P 04/09/2009

Electronic Signature of Signing Officer or Director — Date