

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000000582

FILED
Oct 11, 2010
Secretary of State

Entity Name: HEALING WORD MINISTRIES, INC.

Current Principal Place of Business:

17289 HWY. 331 SOUTH
FREEPORT, FL 34239

New Principal Place of Business:

Current Mailing Address:

17289 HWY. 331 SOUTH
FREEPORT, FL 34239

New Mailing Address:

FEI Number: 30-0532975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHADWICK, SUSAN
27 WEST POPLAR WAY
SANTA ROSA BEACH, FL 32459 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: SUSAN CHADWICK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BERGES, BEN CO-PAST
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

Title: D
Name: BERGES, CHANDA CO-PAST
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

Title: D
Name: CHADWICK, SUSAN
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

Title: D
Name: AZAN, JOE
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

Title: D
Name: AZAN, GEMMA
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

Title: D
Name: AZAN, GEMMA
Address: 17289 HWY. 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

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: SUSAN CHADWICK

D

10/11/2010

Electronic Signature of Signing Officer or Director

Date