# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2012**
**Secretary of State**

DOCUMENT# N09000012095

**Entity Name:** CHRISTIAN HEALING CENTER, INC.

**Current Principal Place of Business:**

4170 S. RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

**New Principal Place of Business:**

58 MAYFIELD TERRACE
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P.O. BOX 731147
ORMOND BEACH, FL 32173

**New Mailing Address:**

**FEI Number: 33-1205695** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MURRAY, DANIEL
58 MAYFIELD TERRACE
ORMOND BEACH, FL 32174 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: MR.
Name: MURRAY, DANIEL
Address: 58 MAYFIELD TERRACE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MR
Name: MERELO, JOHN
Address: 910 ALABAMA
City-St-Zip: HOLLY HILL, FL 32117 US

Title: MRS.
Name: SAUSE, HANNA
Address: 48 MAYFIELD TERRACE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MRS
Name: ESQUIVEL, FLOR
Address: 1508 CARMEN AV.
City-St-Zip: HOLLY HLL, FL 32117 US

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: DANIEL G. MURRAY MR. 02/10/2012

Electronic Signature of Signing Officer or Director — Date