

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004568

FILED
Apr 25, 2012
Secretary of State

Entity Name: WHOLE HEART LIFE RECOVERY MINISTRIES INC.

Current Principal Place of Business:

4301 SW JARMER RD
PT ST LUCIE, FL 34953

New Principal Place of Business:

1201 S. E. WAVE LN.
PT ST LUCIE, FL 34983

Current Mailing Address:

4301 SW JARMER RD
PT ST LUCIE, FL 34953

New Mailing Address:

1201 S. E. WAVE LN.
PT ST LUCIE, FL 34983

FEI Number: 30-0682861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, BARRY
4301 SW JARMER RD
PT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

JONES, BARRY
1201 S. E. WAVE LN.
PT ST LUCIE, FL 34983 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: _____

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: JONES, BARRY
Address: 1201 S. E. WAVE LN.
City-St-Zip: PT ST LUCIE, FL 34983

Title: D
Name: JONES, PATTY
Address: 1201 S. E. WAVE LN.
City-St-Zip: PT ST LUCIE, FL 34983

Title: D
Name: FOLSOM, JUANITA
Address: PO BOX 44
City-St-Zip: LAKE PLACID, FL 33862

Title: D
Name: WALSH, KEVIN
Address: 345 E WEATHERBEE RD
City-St-Zip: FT PIERCE, FL 34982

Title: D
Name: RUSSOTTO, LAURA
Address: 4101 SW RARDIN ST
City-St-Zip: PT ST LUCIE, FL 34953

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: BARRY L JONES

PRES

04/25/2012

Electronic Signature of Signing Officer or Director

Date