

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005582

FILED  
Sep 19, 2012  
Secretary of State

**Entity Name:** HEALING BROKEN HEARTS OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

3639 COOPER PONDS DR., UNIT 201  
TAMPA, FL 33614

**New Principal Place of Business:**

4714 N. HABANA AVE.  
APARTMENT NUMBER 812  
TAMPA, FL 33614

**Current Mailing Address:**

PO BOX 24504  
TAMPA, FL 33623

**New Mailing Address:**

**FEI Number:** 45-2067707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EUSEARY, ROCHELLE D  
3639 COOPER PONDS DR., UNIT 201  
TAMPA, FL 33614 US

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

EUSEARY, ROCHELLE D  
4714 N. HABANA AVE.  
APARTMENT NUMBER 812  
TAMPA, FL 33614 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:

09/19/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: EUSEARY, MS ROCHELLE D  
Address: 10308 SAVILLE ROWE  
City-St-Zip: TAMPA, FL 33626

Title: DIR  
Name: GOMEZ, RABBI HECTOR  
Address: 2610 SILVER LAKE AVE  
City-St-Zip: TAMPA, FL 33614

Title: DIR  
Name: CUSHMAN, SR, DR. MICHAEL  
Address: 3307 BUCKHAVEN DR  
City-St-Zip: SAN ANTONIO, TX 78230

Title: DIR  
Name: WASHINGTON, MS IDA M  
Address: 12452 WHITE BLUFF RD  
City-St-Zip: HUDSON,, FL 34669

Title: SEC  
Name: EUSEARY, MS ANGELA M  
Address: 3639 COOPER PONDS DR APT 201  
City-St-Zip: TAMPA, FL 33614

Title: DIR  
Name: COLLINS, MS LISA A  
Address: 2605 RANKIN PL  
City-St-Zip: VALRICO, FL 33596

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: ROCHELLE D. EUSEARY

PRES

09/19/2012

Electronic Signature of Signing Officer or Director

Date