

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008992

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** HEALING WITH HUMOR INC

**Current Principal Place of Business:**

35246 US HWY 19N  
#222  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

7716 ARLIGHT DR  
NEWPORT RICHEY, FL 34655

**Current Mailing Address:**

35246 US HWY 19N  
#222  
PALM HARBOR, FL 34684

**New Mailing Address:**

7716 ARLIGHT DR  
NEWPORT RICHEY, FL 34655

**FEI Number:** 45-3555278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HORTMAN, RAHN J  
7716 ARLIGHT DR  
NEWPORT RICHEY, FL 34655 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:** PRES  
**Name:** HORTMAN, RAHN J  
**Address:** 7716 ARLIGHT DR  
**City-St-Zip:** NEWPORT RICHEY, FL 34655

**Title:** VP  
**Name:** HORTMAN, TYNISE E  
**Address:** 7716 ARLIGHT DR  
**City-St-Zip:** NEWPORT RICHEY, FL 34655

**Title:** SECR  
**Name:** FARLEY, GAYL  
**Address:** 8587 LYONIA DR  
**City-St-Zip:** ORLANDO, FL 32829

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:** RAHN HORTMAN

PRES

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date