

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010053

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** FLORIDA HEALING ROOMS MINISTRIES, INC.

**Current Principal Place of Business:**

400 SEASONS DRIVE  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

400 SEASONS DRIVE  
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number:** 45-3994418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FILEMAN, GARY T  
110 SULLIVAN STREET WEST  
SUITE #11  
PUNTA GORDA, FL 33950 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: D/P  
Name: JOHNSON, RICHARD C  
Address: 400 SEASONS DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D/VP  
Name: JOHNSON, SHERYL A  
Address: 400 SEASONS DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D/T  
Name: STAGG, RONALD N  
Address: 5400 34TH STREET WEST  
City-St-Zip: BRADENTON, FL 34210

Title: D/S  
Name: STAGG, BETTY J  
Address: 5400 34TH STREET WEST  
City-St-Zip: BRADENTON, FL 34210

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: SHERYL JOHNSON

VP

02/16/2012

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

\_\_\_\_\_  
Date