

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13000001394

FILED
Oct 01, 2014
Secretary of State

Entity Name: HEALING OF THE WOUNDED SPIRIT, INC.

Current Principal Place of Business:

1630 JUNO TRAIL
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

1630 JUNO TRAIL
ASTOR, FL 32102

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDA INCORPORATOR
619 CATTLEMEN RD. SUITE 011
SARASOTA, FL 34232 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: DEBBIE MCLEAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCLEAN, DEBBIE L
Address: 1630 JUNO TRAIL
City-St-Zip: ASTOR, FL 32102

Title: V
Name: MCLEAN, KENNY L
Address: 1630 JUNO TRAIL
City-St-Zip: ASTOR, FL 32102

Title: D
Name: HEIGHTER, CATHY
Address: 5A WHEELER PLACE
City-St-Zip: PALM COAST, FL 32164

Title: C1
Name: GORDON, TERRI
Address: 1105 BEL AIRE DR
City-St-Zip: DAYTONA BEACH, FL 32118

Title: C2
Name: HOLLOWAY, MARIA
Address: 17 EDGEWATER DR
City-St-Zip: PALM COAST, FL 32164

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: DEBBIE MCLEAN

Electronic Signature of Signing Officer or Director

PRES

10/01/2014

Date