2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N24446

1. Entity Name
HEALING WATERS WORLD OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
922 E. MCDONALD AVE EUSTIS, FL 32726 US	922 E. MCDONALD AVE EUSTIS, FL 32726 US

DO NOT WRITE IN THIS SPACE

04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2903012
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, JOHNNIE M.
922 EAST MCDONALD AVENUE
EUSTIS, FL 32726

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANNNING, JOHNNIE M.
STREET ADDRESS	922 EAST MACDONALD AVE
CITY-ST-ZIP	EUSTIS, FL
TITLE	D
NAME	FURLOW, ROSE
STREET ADDRESS	308 N. PRESCOTT
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	D
NAME	BELINDA, RAGIN
STREET ADDRESS	1304 WALL ST
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80046-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnnie M. Manning 4/5/06 352-483-0764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Johnnie M. Manning