

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24446**

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



Principal Place of Business  
**922 E. McDONALD AVE  
EUSTIS, FL 32726 US**

Mailing Address  
**922 E. McDONALD AVE  
EUSTIS, FL 32726 US**



02042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MANNING, JOHNNIE M.  
922 EAST MACDONALD AVE  
EUSTIS, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FURLOW, ROSE  
308 N. PRESCOTT  
EUSTIS, FL 32738**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELINDA, RAGIN  
1304 WALL ST  
EUSTIS, FL 32726**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000824527  
02/20/08-80082-011 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Johnnie Manning*

2/7/08

352/357-2524