

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N30667**

1. Entity Name  
**HEALING FOR THE NATIONS, INC.**



Principal Place of Business  
**1250 SW 26TH AVE.  
BOYNTON BEACH, FL 33426 US**

Mailing Address  
**1250 SW 26TH AVE.  
BOYNTON BEACH, FL 33426 US**



01302004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0105618**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CERICOLA, ALEXANDER P.  
1250 SOUTHWEST 26TH AVENUE  
BOYNTON BEACH, FL 33426**

**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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CERICOLA, ALEXANDER P.
STREET ADDRESS	1250 SW 26TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	VD
NAME	TALONE, SANTO, JR.
STREET ADDRESS	5184 EAST MAIN ST. RD.
CITY-ST-ZIP	BATAVIA, NY
TITLE	D
NAME	ROZANSKI, HELENE
STREET ADDRESS	186 NORTH MAIN STREET
CITY-ST-ZIP	PERRY, NY 14530
TITLE	ST
NAME	CERICOLA, ANTOINETTE
STREET ADDRESS	1250 S.W. 26TH AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000043028  
02/10/04-80049-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Alexander P. Cericola* **ALEXANDER P. CERICOLA** 2/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-737-1479  
561-737-1479