

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000525

FILED  
Mar 29, 2005  
Secretary of State

**Entity Name:** HEALING FOR THE NATIONS CHURCH AND BIBLE TRAINING CENTER, INCORPORATED

**Current Principal Place of Business:**

3205 S SEACREST BLVD  
BOYNTON BEACH, FL 33435 US

**New Principal Place of Business:**

**Current Mailing Address:**

1250 S.W. 26TH AVENUE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 65-0472811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CERICOLA, ALEXANDER P  
1250 S.W. 26TH AVENUE  
BOYNTON BEACH, FL 33426 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: P ( ) Delete  
Name: CERICOLA, ALEXANDER P  
Address: 1250 S.W. 26TH AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ST ( ) Delete  
Name: CERICOLA, ANTOINETTE R  
Address: 1250 S.W. 26TH AVE.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete  
Name: BADY, MICHAEL B  
Address: 10262 BUENA VENTURA DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: TALONE, SANTO JR  
Address: 5184 E MAIN ST RD  
City-St-Zip: BATAVIA, NY 14020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: TALONE, SANTO T  
Address: 5184 E. MAIN STREET ROAD  
City-St-Zip: BATAVIA, NY 14020

Title: D (X) Change ( ) Addition  
Name: BADY, MICHAEL  
Address: 4700 N.W. 26TH AVENUE  
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALEXANDER P. CERICOLA

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date