SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000003368 (7) **DOCUMENT #** HEALING FOR THE NATIONS EVANGELISTIC ASSOCIATION . INC. Principal Place of Business Mailing Address 3753 NW 54 ST. 3753 NW 54 ST. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1995 07/06/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0508706 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Zip Zip Country This corporation has liability for intangible tay under s. 199.032, Yes No Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCARBOROUGH, NEIGEL L 82 Street Address (P.O. Box Number is Not Acceptable) 3753 NW 54 ST. 83 FT. LAUDERDALE FL 33309 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 966) OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 11 TITLE TITLE SCARBOROUGH, NEIGEL L NAME 1.2 NAME 3753 NW 54 ST. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE SCARBOROUGH, PEGGY 2.2 NAME NAME 3753 NW 54 ST. 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 2.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE SCARBOROUGH, SHERRI NAME 3753 NW 54 ST. 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 34. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE MCCROSKEY, MIKE 4.2 NAME NAME 110 ELAINE DR 4.3 STREET ADDRESS STREET ADDRESS EASLEY SC 29642 CITY - ST - ZIP 4.4 CITY - ST - ZIP Addition DELETE Change 5 1 TITLE TITLE MCCROSKY, MARCELLE 5.2 NAME NAME 110 ELAINE DR 5.3 STREET ADORESS STREET ADDRESS EASLEY SC 29642 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE HUMPHREY, MARY 6.2 NAME NAME P.O. BOX 57 N/A 6.3 STREET ADDRESS STREET ADDRESS ZELLWOOD FL 32798 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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