

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90107 009 ****61.25

DOCUMENT # **N94000003368**
 1. Entity Name
Healing For the NATIONS
Evangelists Association, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
1126 NW 81st Ter.
 Suite, Apt. #, etc.
Plantation, FL
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip Country
33322-5785 Broward

C0082489
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **65-0508706**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Neigel L. Scarborough**
 Street Address (P.O. Box Number is Not Acceptable)
1126 NW 81st Ter.
 City **Plantation, FL**
 Zip Code **FL 33322-5785**

New address →

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.

SIGNATURE **Neigel L. Scarborough** **Neigel L. Scarborough** **4-24-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE

1018816
 9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Neigel L. Scarborough** **4-24-2000** **954 915-9728**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)