

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000003368**

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



Principal Place of Business  
**WORLD HARVEST CHURCH  
10777 PEMBROKE RD.  
PEMBROKE, FL 33025 US**

Mailing Address  
**NEIGEL L. SCARBOROUGH A  
1561 DICK POND RD.  
MYRTLE BEACH, SC 29575 US**



02052007 No Chg-NP

CR2E037 (4/06)

**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**

**HUMPHREY, JACK  
5437 KING AVE.  
ZELLWOOD, FL 32798**

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SCARBOROUGH, NEIGEL L  
STREET ADDRESS 1561 DICK POND RD.  
CITY-ST-ZIP MYRTLE BEACH, SC 29575

TITLE VSTD  
NAME SCARBOROUGH, PEGGY  
STREET ADDRESS 1561 DICK POND RD  
CITY-ST-ZIP MYRTLE BEACH, SC 29575

TITLE D  
NAME SCARBOROUGH, SHERRI  
STREET ADDRESS 1561 DICK POND RD.  
CITY-ST-ZIP MYRTLE BEACH, SC 29575

TITLE D  
NAME MCCROSKEY, THOMAS  
STREET ADDRESS 1544 FORT HILL DR  
CITY-ST-ZIP SENECA, SC 29678

TITLE D  
NAME MCCROSKY, MARCELLE  
STREET ADDRESS 1544 FORT HILL DR  
CITY-ST-ZIP SENECA, SC 29678

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000634306  
02/22/07-80003-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

2-7-07

843 650-2407