

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003368

FILED
Feb 08, 2008
Secretary of State

Entity Name: HEALING FOR THE NATIONS EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

WORLD HARVEST CHURCH
10777 PEMBROKE RD.
PEMBROKE, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0508706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREY, JACK
5437 KING AVE.
ZELLWOOD, FL 32798 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: PD () Delete
Name: SCARBOROUGH, NEIGEL L
Address: 1561 DICK POND RD.
City-St-Zip: MYRTLE BEACH, SC 29575

Title: VSTD () Delete
Name: SCARBOROUGH, PEGGY
Address: 1561 DICK POND RD
City-St-Zip: MYRTLE BEACH, SC 29575

Title: D () Delete
Name: SCARBOROUGH, SHERRI
Address: 1561 DICK POND RD.
City-St-Zip: MYRTLE BEACH, SC 29575

Title: D () Delete
Name: MCCROSKEY, THOMAS
Address: 1544 FORT HILL DR
City-St-Zip: SENECA, SC 29678

Title: D () Delete
Name: MCCROSKY, MARCELLE
Address: 1544 FORT HILL DR
City-St-Zip: SENECA, SC 29678

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SCARBOROUGH, SHERRIL
Address: 1561 DICK POND RD.
City-St-Zip: MYRTLE BEACH, SC 29575

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

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

Title: D () Change (X) Addition
Name: SCARBOROUGH, SHERRILL
Address: 2209 EASLEY HWY
City-St-Zip: PIEDMONT, SC 29673

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NEIGEL L. SCARBOROUGH

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date