

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003368

FILED
Feb 08, 2012
Secretary of State

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

Current Principal Place of Business:

266 COUNTRY CLUB DR
PLANT CITY, FL 33565 US

New Principal Place of Business:

Current Mailing Address:

NEIGEL L. SCARBOROUGH
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 (X)**

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
Name: SCARBOROUGH, NEIGEL L
Address: 1561 DICK POND RD.
City-St-Zip: MYRTLE BEACH, SC 29575

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

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

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

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

Title: D
Name: SCARBOROUGH, SHERRILL
Address: 2209 EASLEY HWY
City-St-Zip: PIEDMONT, SC 29673

I hereby 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 all other like empowered.

SIGNATURE: NEIGEL L. SCARBOROUGH

PD

02/08/2012

Electronic Signature of Signing Officer or Director

_____ Date