FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003856 (1)

1. Corporation Name
BILLY BURKE INTERNATIONAL HEALING OUTREACH, INC.

Principal Place of Business	Mailing Address
12423 - 62 ST. NORTH SUITE 402 LARGO FL 34643	12423 - 62 ST. NORTH SUITE 402 LARGO FL 34643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3257450 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 26441
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 TAMPA FLORIDA
Zip 24 / Country 25	Zip 29 33623 / Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURKE, WILLIAM C 12423 - 62ND STREET NORTH SUITE 402 LARGO FL 34643	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☐ Change ☐ Addition
NAME	BURKE, WILLIAM C	12 NAME	
STREET ADDRESS	12423 - 62ND STREET NORTH, SUITE 402	13 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LEAIR, KARISSA E	22 NAME	
STREET ADDRESS	% 12423 - 62ND STREET NORTH, SUITE 402	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PRETTIMAN, THELMA M	32 NAME	
STREET ADDRESS	% 12423 - 62ND STREET NORTH, SUITE 402	33 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34643	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C. Burke 5/29/95 (813) 531-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067040