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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001498 (2)**

1. Corporation Name

HEALING THEATRE, INC.



Principal Place of Business

Mailing Address

**8471 LYNDA SUE LANE
JACKSONVILLE FL 32217**

**8471 LYNDA SUE LANE
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified
03/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZWATER, WALTER D
8471 LYNDA SUE LANE
JACKSONVILLE FL 32217**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPC** ☐ DELETE
NAME **FITZWATER, WALTER**
STREET ADDRESS **8471 LYNDA SUE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVT** ☐ DELETE
NAME **STAFFORD, CLIFFORD**
STREET ADDRESS **10648 WAKE FOREST AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **STAFFORD, CLIFFORD**
2.3 STREET ADDRESS **10648 WAKE FOREST AVENUE**
2.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32218**

TITLE **DS** ☐ DELETE
NAME **PADGETT, JOHN C**
STREET ADDRESS **P.O. BOX 1531**
CITY-ST-ZIP **JACKSONVILLE FL 32201-1531**

3.1 TITLE **D/T** ☒ Change ☐ Addition
3.2 NAME **PADGETT, JOHN C**
3.3 STREET ADDRESS **P.O. BOX 1531**
3.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32201**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TR/V** ☐ Change ☒ Addition
4.2 NAME **CERIELLO, RICHARD**
4.3 STREET ADDRESS **2767 HERSCHEL STREET**
4.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32205**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **TR/S** ☐ Change ☒ Addition
5.2 NAME **HERKEL, JILL B**
5.3 STREET ADDRESS **451 MONUMENT ROAD, #1012**
5.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32225**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 this 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 **WALTER D. FITZWATER** 4/27/97 (904) 363-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)