

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

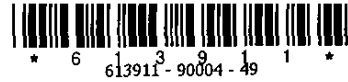
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DOCUMENT # N96000001498

Corporation Name
HEALING THEATRE, INC.

Principal Place of Business
8471 LYNDIA SUE LANE
JACKSONVILLE FL 32217

Mailing Address
8471 LYNDIA SUE LANE
JACKSONVILLE FL 32217



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3376961	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FITZWATER, WALTER D 8471 LYNDIA SUE LANE JACKSONVILLE FL 32217				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
2. OFFICERS AND DIRECTORS					
LE	DPC	<input type="checkbox"/> DELETE			
ME	FITZWATER, WALTER				
REET ADDRESS	8471 LYNDIA SUE LANE				
Y-ST-ZIP	JACKSONVILLE FL 32217				
LE	D	<input type="checkbox"/> DELETE			
ME	STAFFORD, CLIFFORD				
REET ADDRESS	10648 WAKE FOREST AVE.				
Y-ST-ZIP	JACKSONVILLE FL				
LE	DT	<input type="checkbox"/> DELETE			
ME	PADGETT, JOHN C				
REET ADDRESS	P.O. BOX 1531				
Y-ST-ZIP	JACKSONVILLE FL				
LE	TRV	<input type="checkbox"/> DELETE			
ME	CERIELLO, RICHARD				
REET ADDRESS	2767 HERSCHEL ST				
Y-ST-ZIP	JACKSONVILLE FL				
LE	TRS	<input type="checkbox"/> DELETE			
ME	HERKEL, JILL B				
REET ADDRESS	451 MONUMENT RD, #1012				
Y-ST-ZIP	JACKSONVILLE FL				
LE		<input type="checkbox"/> DELETE			
ME					
REET ADDRESS					
Y-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

I, I 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99 904
363-6350
Date Daytime Phone #

CR2E037 (5/99)