

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005042

FILED
Mar 17, 2005
Secretary of State

Entity Name: EDEN REVISITED HEALING MINISTRY, INC.

Current Principal Place of Business:

1909 UNIVERSITY BLVD., S.
502
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1909 UNIVERSITY BLVD., S.
502
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3407795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORSLEY, MARTHA M.
1909 UNIVERSITY BLVD. S.
#502
JACKSONVILLE, FL 32216 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: WORSLEY, MARTHA M
Address: 1909 UNIVERSITY BLVD S, #502
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: RYALLS, JANICE
Address: 13012 VBURNUM DR., N
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: CAVE, SUSAN L
Address: 4383 APPLE LEAF PL
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: ORSO, CAROL
Address: 2741 MARSHLAND DR
City-St-Zip: JACKSONVILLE, FL 32226

Title: D () Delete
Name: RIDLING, KELLEY
Address: 6747 SHINDLER DR
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: LYNN, SHEILAH A
Address: 8700 SOUTHSIDE BLVD., #607
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA M. WORSLEY

PRES

03/17/2005

Electronic Signature of Signing Officer or Director

Date