

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005042

FILED  
Mar 22, 2007  
Secretary of State

**Entity Name:** EDEN REVISITED HEALING MINISTRY, INC.

**Current Principal Place of Business:**

4237 SALISBURY RD.,  
# 215  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

1437 FLAGLER AVE.  
JACKSONVILLE, FL 32207

**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: SPRATLEY, DEBORAH  
Address: 626 TARA FARMS DR.  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: TERRY, JAY  
Address: 1563 ALFORD PLACE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: HAYWARD, ROXANNE  
Address: 3761 CHATHAM COURT DR.  
City-St-Zip: ADDISON, TX 75001

Title: D ( ) Delete  
Name: STANFIELD, PAUL  
Address: C/O 4237 SALISBURY RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ALT. ( ) Delete  
Name: ANDERSON, BARBARA A  
Address: 2625 STATE ROAD 590, UNIT #113  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: STD (X) Change ( ) Addition  
Name: LOCKHART, SHERRY M  
Address: 8787 SOUTHSIDE BLVD. #5008  
City-St-Zip: JACKSONVILLE, FL 32256

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: ( ) 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 Chapter 119, 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

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date