2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N96000005042

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:

WORSLEY, MARTHA M REV.
1909 UNIVERSITY BLVD. S.
#502
JACKSONVILLE, FL 32216 US

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: REV. MARTHA M. WORSLEY 03/15/2009
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: LOCKHART, SHERRY M
Address: 8787 SOUTHSIDE BLVD. #5008
City-St-Zip: JACKSONVILLE, FL 32256

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: MCCANTS, TERRY
Address: 1126 HAGLER DR.
City-St-Zip: NEPTUNE BEACH, FL 32266

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: 6115 ALPENROSE AVE.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition
Name: BARNETT, JUDY
Address: 1909 UNIVERSITY BLVD. S., #708
City-St-Zip: JACKSONVILLE, FL 32216

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 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 03/15/2009
Electronic Signature of Signing Officer or Director Date