

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005042

FILED  
Mar 11, 2010  
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 REV.  
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  
**Name:** WORSLEY, MARTHA M  
**Address:** 1909 UNIVERSITY BLVD S, #502  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** STD  
**Name:** LOCKHART, SHERRY M  
**Address:** 10375 HORNETS NEST RD.  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** D  
**Name:** BARNETT, JUDY  
**Address:** 1909 UNIVERSITY BLVD. S., #708  
**City-St-Zip:** JACKSONVILLE, FL 32216

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARTHA M. WORSLEY

PRES

03/11/2010

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

\_\_\_\_\_  
Date