

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005042

FILED
Mar 14, 2011
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: 11464 MANDARIN GLEN CIR E
City-St-Zip: JACKSONVILLE, FL 32223

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: 11738 SPRING TREE LANE
City-St-Zip: PORT RICHEY, FL 34668

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

03/14/2011

Electronic Signature of Signing Officer or Director

Date