

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001012

FILED
May 02, 2008
Secretary of State

Entity Name: INNER-HEALING FOR WOMEN, INC.

Current Principal Place of Business:

800 VIRGINIA AVE
SUITE 23 E
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7966
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 65-0736873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILL, BONNIE
2219 SE MORNINGSID BLVD
PORT ST LUCIE, FL 34952 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: HILL, BONNIE
Address: 2219 SE MORNINGSID BLVD
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: TR () Delete
Name: TROUNTMAN, LACRYSTAL
Address: 5528 NW EAST TORINA PKWAY APT112
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: PD () Delete
Name: ROBINSON, MAXINE
Address: 300 ESSEX DRIVE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: VP () Delete
Name: CRENSHAW, SOBRINA
Address: 2307 AVE Q
City-St-Zip: FORT PIERCE, FL 34950 US

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: () 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: BONNIE HILL

DIR

05/02/2008

Electronic Signature of Signing Officer or Director

Date