

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001012

FILED  
Sep 27, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: TR  
Name: GEORGE, PORTIA  
Address: 707 NTH 19TH ST  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: PD  
Name: WATKINS, OLIVIA  
Address: 1903 SAN DIEGO AVE  
City-St-Zip: FORT PIERCE, FL 34946 US

Title: VP  
Name: MOORE, AGNES  
Address: 3206 ANDERSON DR  
City-St-Zip: FORT PIERCE, FL 34946 US

Title: SECT  
Name: CRENSHAW, SOBRINA  
Address: 707 NTH 19TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

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: BONNIE HILL

PRES

09/27/2011

Electronic Signature of Signing Officer or Director

Date