

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001012

FILED
Jun 01, 2012
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:

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: ROBINSON, MAXINE
Address: 300 ESSEX 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

06/01/2012

Electronic Signature of Signing Officer or Director

Date