

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002287

FILED  
Jun 22, 2006  
Secretary of State

**Entity Name:** THE ARTS OF HEALING CHAPEL, INC.

**Current Principal Place of Business:**

1223 TALL PINES DR  
OSTEEN, FL 32764

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 247  
OSTEEN, FL 32764

**New Mailing Address:**

**FEI Number:** 59-3433342      **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:**

CONLEY, DONNA A  
652 NORTH SHORE CIRCLE  
CASSELBERRY, FL 32707 US

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

CONLEY, DONNA A  
162 NORTH SHORE CIRCLE  
CASSELBERRY, FL 32707 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: DONNA A CONLEY

06/22/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CONLEY, DONNA A  
Address: 652 NORTH SHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD ( ) Delete  
Name: CONLEY, KELLY  
Address: C/O 652 NORTH SHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: CONLEY, SHAWN D  
Address: 2 SOUTH MEADOW DRIVE  
City-St-Zip: BURLINGTON, VT 05401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: CONLEY, DONNA A  
Address: 162 NORTH SHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change ( ) Addition  
Name: CONLEY, KELLY  
Address: C/O 162 NORTH SHORE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA A CONLEY

PRES

06/22/2006

Electronic Signature of Signing Officer or Director

Date