

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002287

FILED
Feb 17, 2009
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 ()

Name and Address of Current Registered Agent:

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

Title: TD () Delete
Name: CONLEY, KELLY
Address: C/O 162 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: () 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: DONNA A CONLEY

PSD

02/17/2009

Electronic Signature of Signing Officer or Director

Date