

ANNUAL REPORT (AR)

DOCUMENT # N97000005337

1. Entity Name

WOUNDED HEALERS INC.



FILED
Feb 20, 2006 08:00 AM
Secretary of State



Principal Place of Business

ST JOHNS AME CHURCH
 6461 SW 59TH PLACE
 S MIAMI FL 33143

Mailing Address

ST JOHNS AME CHURCH
 6461 SW 59TH PLACE
 S MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0789131

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAY, SR., REV. GREGORY V
 6461 SW 59TH PLACE
 MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typewritten or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PAST
 GAY, SR., GREGORY V
 6461 SW 59TH PLACE
 S MIAMI FL 33143

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 PERRY, LEE
 6461 SW 59TH PLACE
 S MIAMI FL 33143

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T
 CASMERE, DARELENE
 6461 SW 59TH PLACE
 S MIAMI FL 33143

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

000000439745
 03/02/06-80013-014 61.25

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

701 200 014 601 60

212/06

305 145 1181