

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005302

FILED
Jul 02, 2007
Secretary of State

Entity Name: THE HEALING LOVE OF JESUS MINISTRY, INC.

Current Principal Place of Business:

1532 61ST STREET SOUTH
GULFPORT, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7196
ST. PETERSBURG, FL 33734 US

New Mailing Address:

FEI Number: 59-3533478 **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:

DUNNE, JOHN P
10833 70TH AVE. N.
SEMINOLE, FL 33712 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: PCD () Delete
Name: KRESGE, JOSEPH W
Address: 1532 61ST STREET S.
City-St-Zip: GULFPORT, FL 33707 US

Title: D () Delete
Name: WEBSTER, ELLE S
Address: 5101 41ST. ST. SO.
City-St-Zip: ST. PETERSBURG, FL 33711 US

Title: STD () Delete
Name: CHAMBERS, FRANCES A
Address: 1335 22ND AVE. N
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: D () Delete
Name: SMYZER, ROGER
Address: 250 SIESTA LANE
City-St-Zip: LARGO, FL 33770 US

Title: VD () Delete
Name: SCIANDRA, JOHN
Address: 6233 27TH. AVE. NO.
City-St-Zip: ST. PETERSBURG, FL 33710 US

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:

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: FRANCES A. CHAMBERS

S/T

07/02/2007

Electronic Signature of Signing Officer or Director

Date