

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

DOCUMENT # N98000005557	
1. Entity Name HEALING TREE OF LIFE CHURCH, INC.	
	
Principal Place of Business 603 BALFOUR DRIVE WINTER PARK, FL 32792	Mailing Address 603 BALFOUR DRIVE WINTER PARK, FL 32792



05092006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3537279	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSTON, TEDDY (TED) 603 BALFOUR DRIVE WINTER PARK, FL 32792
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

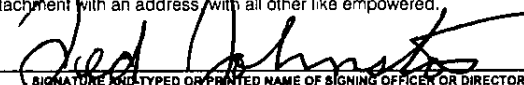
Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, TEDDY (TED) 603 BALFOUR DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUM, DEBRA 512 SPRING CLUB DRIVE ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPATICH, PATRICIA 707 BROOK FOREST COURT APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIACCIO, TERESA 320 KAYLA DRIVE NATCHITOCHES, LA 71457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SUSAN J 1007 HANGING VINE POINT LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000565214
05/20/06-80119-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____