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	Mailing Address
603 BALFOUR DRIVE WINTER PARK, FL 32792	603 BALFOUR DRIVE WINTER PARK, FL 32792

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05092006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3537279
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, TEDDY (TED)
603 BALFOUR DRIVE
WINTER PARK, FL 32792

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

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSTON, TEDDY (TED)
STREET ADDRESS	603 BALFOUR DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	BAUM, DEBRA
STREET ADDRESS	512 SPRING CLUB DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D
NAME	KOPATICH, PATRICIA
STREET ADDRESS	707 BROOK FOREST COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	D
NAME	CIACCIO, TERESA
STREET ADDRESS	320 KAYLA DRIVE
CITY-ST-ZIP	NATCHITOCHES, LA 71457
TITLE	D
NAME	WILLIAMS, SUSAN J
STREET ADDRESS	1007 HANGING VINE POINT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000565214
05/20/06-80119-004 61.25

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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: Ted Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #