

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM
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



07062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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

Ted Johnston
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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	

U00000767715
07/10/07-80016-010 61.25

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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:

Ted Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/07
Date

407-678-3114
Daytime Phone #