2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N98000005557

Entity Name: HEALING TREE OF LIFE CHURCH, INC.

Current Principal Place of Business:

603 BALFOUR DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

603 BALFOUR DRIVE
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3537279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, TEDDY (TED)
603 BALFOUR DRIVE
WINTER PARK, FL 32792 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: D ( ) Delete
Name: JOHNSTON, TEDDY (TED)
Address: 603 BALFOUR DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: BAUM, DEBRA
Address: 512 SPRING CLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: KOPATICH, PATRICIA
Address: 707 BROOK FOREST COURT
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: CIACCIO, TERESA
Address: 320 KAYLA DRIVE
City-St-Zip: NATCHITOCHES, LA 71457

Title: D ( ) Delete
Name: WILLIAMS, SUSAN J
Address: 1007 HANGING VINE POINT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BAUM, DEBRA J
Address: 512 SPRING CLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D (X) Change ( ) Addition
Name: KOPATICH, PATRICIA J
Address: 707 BROOK FOREST COURT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change ( ) Addition
Name: CIACCIO, TERESA J
Address: 320 KAYLA DRIVE
City-St-Zip: NATCHITOCHES, LA 71457

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: TED JOHNSTON P 04/14/2009

Electronic Signature of Signing Officer or Director — Date