2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N98000005583

Entity Name: FAMILY OF JESUS, HEALER, INC.

Current Principal Place of Business:

19506 PINE TREE ROAD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 231
ODESSA, FL 33556

New Mailing Address:

FEI Number: 59-3512282 **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:

FULLER, MICHAEL W
19506 PINE TREE ROAD
ODESSA, FL 33556 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:	PD	( ) Delete
Name:	SCOTT, PHILIP FR. FJH	
Address:	CALLE LAS PALMERAS, MZ-CCA-2	
City-St-Zip:	LIMA 8 CHACLACAYO, PERU,	
Title:	TD	( ) Delete
Name:	FULLER, MICHAEL W	
Address:	19506 PINE TREE ROAD	
City-St-Zip:	ODESSA, FL 33556	
Title:	SD	( ) Delete
Name:	MCNEAL, MARY ANN	
Address:	5113 NORTHDALE BLVD	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SCOTT, PHILIP FR. FJH	
Address:	CASILLA 19 PASAJE MANU A-8	
City-St-Zip:	PUERTO MALDONADO,, MD PERU PE	
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: MICHAEL W. FULLER TD 05/01/2009
Electronic Signature of Signing Officer or Director — Date