2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# N98000006256

Entity Name: HEALING OF THE NATIONS MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4910 ANZIO ST
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

4910 ANZIO ST
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3563822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

WILLIAMS, KATRINA J
4910 ANZIO ST
ORLANDO, FL 32819 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: WILLIAMS, RICARDO M
Address: 4910 ANZIO STREET
City-St-Zip: ORLANDO, FL 32819

Title: DTV ( ) Delete
Name: WILLIAMS, KATRINA J
Address: 4910 ANZIO STREET
City-St-Zip: ORLANDO, FL 32819

Title: DS ( ) Delete
Name: YELDELL, LAKISHA
Address: 165 NASHUA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: WILLIAMS, MALACHI M
Address: 4910 ANZIO STREET
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: YELDELL, RICKEY
Address: 165 NASHUA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS (X) Change ( ) Addition
Name: WILLIAMS, ANITA B
Address: 4903 ANZIO STREET
City-St-Zip: ORLANDO, FL 32819

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: KATRINA J WILLIAMS DTV 09/01/2008

Electronic Signature of Signing Officer or Director — Date