

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

07 MAR 26 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000000839

1. Entity Name

HEAR AND BE HEALED OUTREACH MINISTRIES, INC.



Principal Place of Business

1020 E MAYS STREET
MONTICELLO FL 32345

Mailing Address

P O BOX 864
MONTICELLO FL 32345

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

[Handwritten signature]

1st MOORE

CR2E037 (10/06)



4. FEI Number

59-3557162

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DON L
2009 SW 7TH STREET
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, DON L	
STREET ADDRESS	2009 SW 7TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	V	<input type="checkbox"/> Delete
NAME	COX-JONES, GLORIA	
STREET ADDRESS	1020 E MAYS STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEOPLES, JESSIE M	
STREET ADDRESS	1111 NW 6TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	T	<input type="checkbox"/> Delete
NAME	WASHINGTON, FRANK JR	
STREET ADDRESS	2030 SW 7TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten signature]

3/26/07