

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

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

|   |  |   |
|---|--|---|
| DOCUMENT # <b>N99000004564</b>  |  |  |
| 1. Entity Name<br><b>HEALING PLACE MINISTRIES, INC.</b>                         |  |   |
| Principal Place of Business<br><b>1006 N.E. 215TH STREET<br/>MIAMI FL 33179</b> | Mailing Address<br><b>PASTOR LIONEL S. RECKLEY<br/>19021 NW 24TH AVENUE<br/>MIAMI FL 33056</b> |   |
| 2. Principal Place of Business - No P.O. Box #                                  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |   |
| City & State  | City & State   |   |
| Zip   | Country  | Zip Country   |



1st MOORE CR2E037 (10/06)

|  |  |
|--|--|
| 4. FEI Number<br><b>65-0940771</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b>               | <b>7. Name and Address of New Registered Agent</b>   |
| <b>RECKLEY, LIONEL S<br/>19021 N.W. 24TH AVE.<br/>MIAMI FL 33056</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: <b>KNOWLES, CHARLEY L</b><br>STREET ADDRESS: <b>2200 NW 167TH ST</b><br>CITY- ST- ZIP: <b>OPA LOCKA FL 33054</b> | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY- ST- ZIP: _____ |
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: <b>MCGRATH, GLORIA</b><br>STREET ADDRESS: <b>2151 SW 67TH AVE</b><br>CITY- ST- ZIP: <b>HOLLYWOOD FL 33023</b>    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY- ST- ZIP: _____ |
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: <b>RECKLEY, MARIA B</b><br>STREET ADDRESS: <b>19021 NW 24TH AVE</b><br>CITY- ST- ZIP: <b>MIAMI FL 33056</b>      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY- ST- ZIP: _____ |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 *Lionel S. Reckley* **Lionel S. Reckley** February 19, 2007 305 621-8965