

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004564

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: HEALING PLACE MINISTRIES, INC.

## Current Principal Place of Business:

19021 NW 24 AVE  
OPA LOCKA, FL 33056

## New Principal Place of Business:

19021 NW 24 AVE  
MIAMI GARDENS, FL 33056

## Current Mailing Address:

PASTOR LIONEL S. RECKLEY  
19021 NW 24TH AVENUE  
MIAMI, FL 33056

## New Mailing Address:

19021 NW 24 AVE  
MIAMI GARDENS, FL 33056

FEI Number: 65-0940771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RECKLEY, LIONEL S  
19021 N.W. 24TH AVE.  
MIAMI, FL 33056 US

## Name and Address of New Registered Agent:

RECKLEY, LIONEL S  
19021 N.W. 24TH AVE.  
MIAMI GARDENS, FL 33056 US

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:

03/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KNOWLES, CHARLEY L  
Address: 2200 NW 167TH ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: MCGRATH, GLORIA  
Address: 2151 SW 67TH AVE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: D ( ) Delete  
Name: RECKLEY, MARIA B  
Address: 19021 NW 24TH AVE  
City-St-Zip: MIAMI, FL 33056

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KNOWLES, CHARLEY L  
Address: 2200 NW 167TH ST  
City-St-Zip: MIAMI GARDENS, FL 33054

Title: D (X) Change ( ) Addition  
Name: MARROW, SHARMAINE  
Address: POST OFFICE BOX 971034  
City-St-Zip: MIAMI, FL 33197

Title: SD (X) Change ( ) Addition  
Name: RECKLEY, MARIA B  
Address: 19021 NW 24TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

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: LIONEL S. RECKLEY

RA

03/01/2009

Electronic Signature of Signing Officer or Director

Date