

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010870

Entity Name: HEALERS OF THE BREACH MINISTRIES, INC.**Current Principal Place of Business:**10674 GRAND RIVIERE DRIVE
TAMPA, FL 33647**Current Mailing Address:**10674 GRAND RIVIERE DRIVE
TAMPA, FL 33647**FEI Number:** 59-3776257**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LYONS, WILLIE
10674 GRAND RIVIERE DRIVE
TAMPA, FL 33647 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LYONS, WILLIE
Address	10674 GRAND RIVIERE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	T/SE
Name	HARPER, ALEX REV.
Address	1521 PROVIDENCE RD
City-State-Zip:	LAKELAND FL 33805

Title	BM
Name	FELDER, HARRIETT
Address	370 W. 22ND STREET
City-State-Zip:	RIVIERA BEACH FL 33404

Title	VP
Name	JOHNSON, MAURICE REV.
Address	1320 DOUGLAS AVE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	BM
Name	ANDERSON, WYNIE
Address	405 N. OREGON AVE
City-State-Zip:	TAMPA FL 33606

Title	BM
Name	HARVEY, STEPHANIE
Address	405 N. OREGON
City-State-Zip:	TAMPA FL 33606

I hereby 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 all other like empowered.

SIGNATURE: WILLIE LYONS

P

08/29/2013

Electronic Signature of Signing Officer/Director Detail_____
Date