

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010053

Entity Name: FLORIDA HEALING ROOMS MINISTRIES, INC.

Current Principal Place of Business:

400 SEASONS DRIVE
PUNTA GORDA, FL 33983

Current Mailing Address:

400 SEASONS DRIVE
PUNTA GORDA, FL 33983

FEI Number: 45-3994418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FILEMAN, GARY T
110 SULLIVAN STREET WEST
SUITE #11
PUNTA GORDA, FL 33950 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 D/P
Name JOHNSON, RICHARD C
Address 400 SEASONS DRIVE
City-State-Zip: PUNTA GORDA FL 33983

Title D/VP
Name JOHNSON, SHERYL A
Address 400 SEASONS DRIVE
City-State-Zip: PUNTA GORDA FL 33983

Title D/T
Name STAGG, RONALD N
Address 5400 34TH STREET WEST
City-State-Zip: BRADENTON FL 34210

Title D/S
Name STAGG, BETTY J
Address 5400 34TH STREET WEST
City-State-Zip: BRADENTON FL 34210

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: SHERYL JOHNSON

D/VP

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date