

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000094

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC5625193386**

**Entity Name:** HEALING THE LAND DAYCARE & ACADEMY, INC.

**Current Principal Place of Business:**

2124 N. DEAN RD.  
ORLANDO, FL 32817

**Current Mailing Address:**

2124 N. DEAN RD.  
ORLANDO, FL 32817

**FEI Number: 20-4423342**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CASTRO, ALEX DR.  
2124 N. DEAN RD.  
ORLANDO, FL 32817 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 CASTRO, ALEX DR.  
Address 2124 N. DEAN RD.  
City-State-Zip: ORLANDO FL 32817

Title VPT  
Name CASTRO, ARLYN DR.  
Address 2124 N. DEAN RD.  
City-State-Zip: ORLANDO FL 32817

Title D  
Name ACUÑA, WALTER  
Address 2124 N. DEAN RD.  
City-State-Zip: ORLANDO FL 32817

*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: ALEX CASTRO**

**PRESIDENT**

**02/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date