

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000007594

Entity Name: HEALING WOMEN HEALING NATIONS OF NE FLORIDA INC.**Current Principal Place of Business:**6899 CLEARWATER PARK COURT S
JACKSONVILLE, FL 32244**Current Mailing Address:**6989 CLEARWATER PARK CT S
JACKSONVILLE, FL 32244-7809 US**FEI Number:** 47-4711424**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MICHELLE SPEAKZ CO ~ IF YOU HIDE IT, YOU CAN'T HEAL IT
6899 CLEARWATER PARK COURT S
JACKSONVILLE, FL 32244 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:** MICHELLE ANGELIQUE POITIER

03/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	POITIER, MICHELLE A
Address	6989 CLEARWATER PARK CT S
City-State-Zip:	JACKSONVILLE FL 32244-7809

Title	ADVISOR
Name	DILLEY, CEANDRA
Address	3425 MOUNTAIN HILL DR
City-State-Zip:	WAKE FOREST NC 27587

Title	S
Name	SMITH, JACQUELINE
Address	5260 COLLINS RD 1002
City-State-Zip:	JACKSONVILLE FL 32244

Title	TREASURER
Name	HEATH, MARIE
Address	8532 WEST STAPLEHURST
City-State-Zip:	JACKSONVILLE FL 32244

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: MICHELLE ANGELIQUE POITIER

FOUNDER

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date