


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90008 001 ****61.25
 08-28-2006 90008 002 ****8.75

DOCUMENT # N05000010469					
1. Entity Name HEALING FOUNDATION OF AMERICA, INC.					
Principal Place of Business 1201 HAYES ST. TALLAHASSEE, FL 32301			Mailing Address 1201 HAYES ST. TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address 1005 E. Fargo St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Broken Arrow, Oklahoma		4. FEI Number 65-1273366	
Zip		Zip 74012		Country Tulsa	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYES ST. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, WILLIAM H		NAME		
STREET ADDRESS	1005 E. FARGO ST.		STREET ADDRESS		
CITY-ST-ZIP	BROKEN ARROW, OK 74012		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, TERESA T		NAME		
STREET ADDRESS	1005 E. FARGO ST.		STREET ADDRESS		
CITY-ST-ZIP	BROKEN ARROW, OK 74102		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, TIMOTHY R		NAME		
STREET ADDRESS	12813 E. 71ST., LOT 34		STREET ADDRESS		
CITY-ST-ZIP	BROKEN ARROW, OK 74012		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William H Higgins</i>		William H Higgins, President		8-12-06 918-355-8676	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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ATTACHMENT
C 6023509

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Zip		Zip 74012		
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TITLE	T HIGGINS, WILLIAM H	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 E. FARGO ST.		NAME	
STREET ADDRESS	BROKEN ARROW, OK 74012		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	T HIGGINS, TERESA T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1005 E. FARGO ST.		NAME	
STREET ADDRESS	BROKEN ARROW, OK 74102		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	T WILLIAMS, TIMOTHY R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12813 E. 71ST., LOT 34		NAME	
STREET ADDRESS	BROKEN ARROW, OK 74012		STREET ADDRESS	
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SIGNATURE: <i>William H Higgins</i>		William H Higgins, President 8-12-06 918-355-8676		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		