

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010469

FILED
Jan 30, 2007
Secretary of State

Entity Name: HEALING FOUNDATION OF AMERICA, INC.

Current Principal Place of Business:

1201 HAYES ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1005 E FARGO ST
BROKEN ARROW, OK 74012

New Mailing Address:

FEI Number: 65-1273366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HIGGINS, WILLIAM H
Address: 1005 E. FARGO ST.
City-St-Zip: BROKEN ARROW, OK 74012

Title: T () Delete
Name: HIGGINS, TERESA T
Address: 1005 E. FARGO ST.
City-St-Zip: BROKEN ARROW, OK 74102

Title: T () Delete
Name: WILLIAMS, TIMOTHY R
Address: 12813 E. 71ST., LOT 34
City-St-Zip: BROKEN ARROW, OK 74012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HIGGINS, WILLIAM H
Address: 1005 E. FARGO ST.
City-St-Zip: BROKEN ARROW, OK 74012

Title: VP (X) Change () Addition
Name: HIGGINS, TERESA T
Address: 1005 E. FARGO ST.
City-St-Zip: BROKEN ARROW, OK 74102

Title: SEC (X) Change () Addition
Name: TURNER, DANNY
Address: 1010 W. KENOSHA ST. #23
City-St-Zip: BROKEN ARROW, OK 74012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM H. HIGGINS

PRES

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date