

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# N05000010469

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:**

2100 W NEW HOPE RD NO 803  
ROGERS, AR 72758

**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:      PRES      ( ) Delete  
Name:      HIGGINS, WILLIAM H  
Address:      2100 W NEW HOPE RD NO 803  
City-St-Zip:      ROGERS, AR 72758

Title:      VP      ( ) Delete  
Name:      HIGGINS, TERESA T  
Address:      2100 W NEW HOPE RD NO 803  
City-St-Zip:      ROGERS, AR 72758

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 HIGGINS

PRES

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date