2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N08000008804

Entity Name: HEALING STREAMS CONFLICT RESOLUTION SERVICES, INC.

Current Principal Place of Business:

1800 TACONIC ROAD
AVON PARK, FL 33825 `

New Principal Place of Business:

Current Mailing Address:

1800 TACONIC ROAD
AVON PARK, FL 33825 `

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, CHARLIE G REV.
1800 TACONIC ROAD
AVON PARK, FL 33825 `

Name and Address of New Registered Agent:

NELSON, CHARLIE G REV.
1800 TACONIC ROAD
AVON PARK, FL 33825 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: REV. CHARLIE G. NELSON 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NELSON, CHARLIE G FOUNDER
Address: 1800 TACONIC ROAD
City-St-Zip: AVON PARK, FL 33825

Title: ST ( ) Delete
Name: NELSON, HILDA DIANE
Address: 1800 TACONIC ROAD
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: TRAVERS, LINDA RN
Address: 2526 VAN PELT ROAD
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: TRAVERS, PAUL
Address: 2526 VAN PELT ROAD
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete
Name: REED, DOROTHY RN
Address: 323 BELLE FIELD AVE.
City-St-Zip: LAKE PLACID, FL 33852

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:

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: CHARLIE G. NELSON PRES 04/21/2009
Electronic Signature of Signing Officer or Director Date