2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008804

FILED Jan 14, 2011 Secretary of State

Entity Name: HEALING STREAMS CONFLICT RESOLUTION SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

1800 TACONIC ROAD AVON PARK, FL 33825

Current Mailing Address: New Mailing Address:

1800 TACONIC ROAD AVON PARK, FL 33825

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, CHARLIE G REV.

1800 TACONIC ROAD

AVON PARK, FL 33825 US

NELSON, CHARLIE G DR.

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: DR. CHARLIE NELSON CAP CMHP 01/14/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: NELSON, CHARLIE G FOUNDER

Address: 1800 TACONIC ROAD City-St-Zip: AVON PARK, FL 33825

Title: ST

Name: NELSON, HILDA DIANE Address: 1800 TACONIC ROAD City-St-Zip: AVON PARK, FL 33825

Title:

Name: TRAVERS, LINDA RN Address: 2526 VAN PELT ROAD City-St-Zip: SEBRING, FL 33870

Title: [

 Name:
 TRAVERS, PAUL

 Address:
 2526 VAN PELT ROAD

 City-St-Zip:
 SEBRING, FL 33870

Title:

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

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: DR. CHARLIE G. NELSON OFFI 01/14/2011