

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008804

**Entity Name:** HEALING STREAMS CONFLICT RESOLUTION SERVICES, INC.

**FILED**  
**Mar 23, 2013**  
**Secretary of State**  
**CC0481288497**

**Current Principal Place of Business:**

1800 TACONIC ROAD  
AVON PARK, FL 33825

**Current Mailing Address:**

1800 TACONIC ROAD  
AVON PARK, FL 33825

**FEI Number: 94-3444007**

**Certificate of Status Desired: Yes**

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

NELSON, CHARLIE GDR.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name NELSON, CHARLIE GFOUNDER  
Address 1800 TACONIC ROAD  
City-State-Zip: AVON PARK FL 33825

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

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

Title D  
Name TRAVERS, PAUL  
Address 2526 VAN PELT ROAD  
City-State-Zip: SEBRING FL 33870

Title D  
Name REED, DOROTHY RN  
Address 323 BELLE FIELD AVE.  
City-State-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: CHARLIE NELSON**

**FOUNDER**

**03/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date