

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009519

Entity Name: MIRACLE HOUSE OF HEALING MINISTRY INC.**Current Principal Place of Business:**1100 SANFORD AVE.
SANFORD, FL 32771**Current Mailing Address:**1022 W. 12TH STREET
SANFORD, FL 32771**FEI Number:** 20-0413013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENRY, LINDA
1022 WEST 12TH STREET
SANFORD, FL 32771 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:** LINDA HENRY

04/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WILLIAMS, THOMAS
Address 1022 W. 12TH STREET
City-State-Zip: SANFORD FL 32771

Title VD
Name WILLIAMS, PATRICA
Address 1022 W. 12TH STREET
City-State-Zip: SANFORD FL 32771

Title M
Name JOHNSON, ELIZABETH
Address 1022 W. 12TH STREET
City-State-Zip: SANFORD FL 32771

Title D
Name SCOTT, TIMOTHY V
Address 1022 W. 12TH STREET
City-State-Zip: SANFORD FL 32771

Title YM
Name SCOTT, SHKUN
Address 1022 W. 12TH STREET
City-State-Zip: SANFORD FL 32771

Title D
Name HENRY, LINDA
Address 1022 WEST 12TH STREET
City-State-Zip: SANFORD FL 32771

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: LINDA HENRY

D

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date