

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009250

Entity Name: NIRVANA HEALING MINISTRIES INC**Current Principal Place of Business:**5002 SOUTH MACDILL AVENUE
TAMPA, FL 33611**Current Mailing Address:**5002 SOUTH MACDILL AVENUE
TAMPA, FL 33611 US**FEI Number: 81-3910606****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARTER, SANDRA
7416 SOUTH JUANITA ST
TAMPA, FL 33616 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:** SANDRA CARTER

03/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	CARTER, SANDRA
Address	7416 SOUTH JUANITA ST
City-State-Zip:	TAMPA FL 33616

Title	VC
Name	LOWERY, MARIAH
Address	2250 SMITHMILL ROAD
City-State-Zip:	LUMBERTON NC 28358

Title	T
Name	JONES, VICKIE
Address	2192 SMITHMILL ROAD
City-State-Zip:	LUMBERTON NC 28358

Title	VC
Name	WALLACE, MEGAN
Address	7414 SOUTH JUANITA STREET
City-State-Zip:	TAMPA FL 33616

Title	SEC
Name	SIEVER, LINDA
Address	308 ELLEN WAY
City-State-Zip:	BRANDON FL 33510

Title	BM
Name	SCOTT, EMILY
Address	6 MILL STREET
City-State-Zip:	LUMBERTON NC 28358

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: SANDRA CARTER**CHAIRMAN**

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date