9 NORTH B	<b>ling Address:</b> LV EAST T, FL 33837			
FEI Number: 83-3330748			Certificate of Status Desired: Yes	
Name and A	Address of Current Registered Agent:			
CREECH, CAM 1104 LEONE D HAINES CITY,	R			
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Fi	lorida.
SIGNATURE: CAMERYN I CREECH				07/24/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Ρ	Title	VP	
Name	HUNTER, MORRIS J	Name	HUNTER, ORIS J	
Address	9 NORTH BLV EAST	Address	9 NORTH BLV EAST	
City-State-Zip:				

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.

VP

## SIGNATURE: ORIS HUNTER

Electronic Signature of Signing Officer/Director Detail

## **Current Principal Place of Business:**

DOCUMENT# N18000005730

208 E PINE ST. DAVENPORT, FL 33837

Entity Name: HEALING N DELIVERANCE MINISTRY INC

0493365217CR

FILED Jul 24, 2020

**Secretary of State** 

07/24/2020 Date