

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011052

**Entity Name:** ALMA HEALTH MINISTRIES, INC

**Current Principal Place of Business:**

1475 W ORANGE BLOSSOM TRAIL  
APOPKA, FL 32712

**Current Mailing Address:**

P.O. BOX 916134  
LONGWOOD, FL 32791 US

**FEI Number: 83-2299448**

**Certificate of Status Desired: No**

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

ROSENDO, LEYBERTH M MD  
2130 WHITE JASMINE CT  
APOPKA, FL 32712 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	Title	VP
Name	ROSENDO, LEYBERTH	Name	ROSENDO, KEVIN
Address	2130 WHITE JASMINE CT	Address	2130 WHITE JASMINE CT
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712
Title	SEC		
Name	ROSENDO, LEYBERTH M JR		
Address	2130 WHITE JASMINE CT		
City-State-Zip:	APOPKA FL 32712		

*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: LEYBERTH M ROSENDO**

**PRESIDENT**

**06/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date