

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011052

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

**Current Principal Place of Business:**

1822 SHEELER AVE  
APOPKA, FL 32403

**Current Mailing Address:**

287 VISTA OAK DR  
LONGWOOD, FL 32779 US

**FEI Number: 83-2299448**

**Certificate of Status Desired: No**

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

ROSENDO, LEYBERTH M MD  
287 VISTA OAK DR  
LONGWOOD, FL 32779 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            ROSENDO, LEYBERTH  
Address         287 VISTA OAK DR  
City-State-Zip: LONGWOOD FL 32779

*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**

**03/29/2024**

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

\_\_\_\_\_  
Date