

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000003755

Entity Name: SACRED OPENINGS MEDICINE ASSEMBLY, INC.

Current Principal Place of Business:

709 ALCAZAR AVE
ORMOND BEACH, FL 32174

Current Mailing Address:

709 ALCAZAR AVE
ORMOND BEACH, FL 32174

FEI Number: 93-4175005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENEGAR, NEAL
709 ALCAZAR AVE.
ORMOND BEACH, FL 32174 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 DIR
Name MURRAY, RAYMOND A
Address 2055 S. ATLANTIC AVE., UNIT 1505
City-State-Zip: DAYTONA BEACH FL 32118

Title DIR.
Name BOCCIO, KRISTINA
Address 709 ALCAZAR AVE.
City-State-Zip: ORMOND BEACH, FL 32174

Title P
Name HENEGAR, NEAL
Address 709 ALCAZAR AVE.
City-State-Zip: ORMOND BEACH FL 32174

Title DIR.
Name BURROUGHS, PRESTON
Address 16973 PERIRIOTT AVE.
City-State-Zip: LAKE ELSINORE CA 92530

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: NEAL HENEGAR

P

04/17/2025

Electronic Signature of Signing Officer/Director Detail

Date