

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005582

1. Entity Name

HEALING AND MIRACLES MINISTRIES, INC.

FILED

Jan 24, 2002 8:00 am  
Secretary of State

01-24-2002 90221 001 \*\*\*\*61.25

01-24-2002 90221 002 \*\*\*\*8.75

Principal Place of Business

Mailing Address

4631 S SALFORD BLVD  
NORTH PORT FL 34287

4631 S SALFORD BLVD  
NORTH PORT FL 34287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1033106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLEERY, CAROLE M  
4631 S SALFORD BLVD  
NORTH PORT FL 34287

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCCLEERY, CAROLE M REV.  
STREET ADDRESS 4631 S SALFORD BLVD  
CITY-ST-ZIP NORTH PORT FL 34287

☐ Delete

TITLE ~~PD~~  
NAME HUGHES, ROBERT REV.  
STREET ADDRESS 201 N 11TH AVE  
CITY-ST-ZIP ARCADIA FL 34266

☐ Delete

TITLE D  
NAME HUGHES, ROBERT MRS.  
STREET ADDRESS 201 N 11TH AVE  
CITY-ST-ZIP ARCADIA FL 34266

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE EXECUTIVE VICE-PRESIDENT  
NAME JAMES BAGWELL  
STREET ADDRESS 6200 COURTNEY CAMPBELL-SUITE 540  
CITY-ST-ZIP BAYPORT PLAZA TAMPA, FLORIDA 33607

☐ Change ☒ Addition

TITLE DIRECTOR  
NAME KAREN BECKY  
STREET ADDRESS 2705 LAUREL OAK DRIVE  
CITY-ST-ZIP PLANT CITY, FLORIDA 33567

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carole M. McCleery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2002 (941) 423-7348  
Date Daytime Phone #

CR2E037 (9/01)