

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90221 001 ****61.25
 01-24-2002 90221 002 ****8.75

DOCUMENT # N00000005582

1. Entity Name

HEALING AND MIRACLES MINISTRIES, INC.

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

4. FEI Number

65-1033106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE **DIRECTOR** Change Addition
 NAME **KAREN BELROY**
 STREET ADDRESS **2705 LAUREL OAK DRIVE**
 CITY-ST-ZIP **PLANT CITY, FLORIDA 33567**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

January 10, 2002 (94) 423-7348
 Date Daytime Phone #

CR2E037 (9/01)