

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # N00000005582

**1. Entity Name
HEALING AND MIRACLES MINISTRIES, INC.**



Principal Place of Business

**4631 S SALFORD BLVD
NORTH PORT, FL 34287**

Mailing Address

**4631 S SALFORD BLVD
NORTH PORT, FL 34287**



03032005 No Chg-NP

CR2E037 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carole Miller M. Hughes
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

March 23, 2005
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCCLEERY, CAROLE M REV.
STREET ADDRESS	4631 S SALFORD BLVD
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	VD
NAME	HUGHES, ROBERT REV.
STREET ADDRESS	201 N 11TH AVE
CITY-ST-ZIP	ARCADIA, FL 34266
TITLE	EVP
NAME	BAGWELL, JAMES
STREET ADDRESS	6200 COURETNEY CAMPBELL STE 540
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000276404
03/25/05-80038-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Miller M. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2005
DATE

(941) 423-7348
Daytime Phone #