

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90001 007 ****80.00

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
change



2. Principal Place of Business

13063 COUNTY LINE ROAD

3. Mailing Address

13063 COUNTY LINE ROAD

Suite, Apt. #, etc.

P.O. Box 181

Suite, Apt. #, etc.

P.O. Box 181

City & State

SPRING HILL, FLORIDA

City & State

SPRING HILL, FLORIDA

Zip

34609

Country

USA

Zip

34609

Country

USA

2nd MOORE

CR2E037 (4/06)

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

Name

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

City

FL

Zip Code

NEW ADDRESS -
MCCLEERY, CAROLE M
4631 S SALFORD BLVD
NORTH PORT FL 34287
*13063 COUNTY LINE ROAD
P.O. Box 181
SPRING HILL, FL 34609*

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 M. McCleery*

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
Due By: September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCLEERY, CAROLE M REV.	
STREET ADDRESS	4631 S SALFORD BLVD	
CITY - ST - ZIP	NORTH PORT FL 34287	<i>SEE ADDRESS CHANGE ABOVE</i>
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, ROBERT REV.	
STREET ADDRESS	201 N 11TH AVE	
CITY - ST - ZIP	ARCADIA FL 34266	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BAGWELL, JAMES	
STREET ADDRESS	6200 COURETNEY CAMPBELL STE 540	
CITY - ST - ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTOR JOHN GROSS	
STREET ADDRESS	5179 MARINER BLVD	
CITY - ST - ZIP	SPRING HILL, FLORIDA 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

August 04 2006 (94) 423-7348