2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State
06-01-2007 90002 021 ****61.25

DOCUMENT # N00000005582

1. Entity Name

HEALING AND MIRACLES MINISTRIES, INC. LEGAL

Principal Place of Business	Mailing Address
13063 COUNTY LINE RD. old PO BOX 181 SPRING HILL FL 34609	13063 COUNTY LINE RD. old PO BOX 181 SPRING HILL FL 34609

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4142 MARINER Blvd # NEW	4142 MARINER Blvd
Suite, Apt. #, etc. #218	Suite, Apt. #, etc. #218
City & State Spring Hill, Fla	City & State Spring Hill, Fla
Zip 34609 Country HERNANDO	Zip 34609 Country HERNANDO

1st MOORE CR2E037 (10/06)

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
MCCLEERY, CAROLE M ~~13063 COUNTY LINE RD.~~ 4142 MARINER Blvd ~~PO BOX 181~~ #218 SPRING HILL FL 34609 SPRING HILL, FL 34609	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. I am familiar with, and accept the obligations of registered agent.

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 **Due By May 1, 2007**	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			11. CHANGES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD MCCLEERY, CAROLE M REV. ~~13063 COUNTY LINE RD. PO BOX 181~~ 4142 MARINER Blvd #218 SPRING HILL FL 34609	☐ Delete	PRESIDENT REV. CAROLE M. GREENE 4142 MARINER BLVD #218 SPRING HILL, FLORIDA 34609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD GROSSI, JOHN 11352 PALOMAR STREET SPRING HILL FL 34609	☐ Delete	DIRECTOR MARK BELLAMY P.O. BOX 10191 BROOKSVILLE, FLORIDA 34603	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D- MARK BELLAMY P.O. BOX 10191 BROOKSVILLE, FLA 34603	☐ Delete ADD		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. CAROLE M. GREENE May 18, 2007 (941) 423-7348

SIGNATURE: Carole M. McCleery CAROLE M MCCLEERY April 07 2007 (941) 423-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #