

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90198 020 ****70.00

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**

2. Principal Place of Business

4631 S. SALFORD BLVD
Suite, Apt. #, etc.

3. Mailing Address

4631 S. SALFORD BLVD
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

NORTH PORT, FLORIDA

City & State

NORTH PORT, FLORIDA

4. FEI Number **65-1033106**

Applied For

☐ Not Applicable

Zip

Country

34287

USA

Zip

Country

34287

USA

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**

7. Name and Address of New Registered Agent

Name

Street Address (Post Office Box Number is Not Acceptable)

City

NORTH PORT

FL

34287

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

(If 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **EVP** ☐ Delete
NAME **BAGWELL, JAMES**
STREET ADDRESS **6200 COURETNEY CAMPBELL STE 540**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☐ Delete
NAME **BERRY, KAREN**
STREET ADDRESS **2705 LAUREL ONE DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

Date

Daytime Phone #

April 18, 2003 (941) 423-7348

CR2E037 (10/02)