

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002894

FILED
Jul 31, 2006
Secretary of State

Entity Name: THE HEALING AND EXHORTATION MINISTRIES, INC.

Current Principal Place of Business:

6848 SW 12 ST.
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

6848 SW 12 ST.
PEMBROKE PINES, FL 33023

New Mailing Address:

P.O. BOX 297815
PEMBROKE PINES, FL 33029

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTILLO-ROMAN, ILEANA
320 S FLAMINGO RD #308
PEMBROKE PINES, FL 33027 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTILLO-ROMAN, ILEANA
Address: 6848 SW 12 ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: V () Delete
Name: ALBIN, LISA
Address: 14331 SW 72 ST
City-St-Zip: PEMBROKE PINES, FL 33330

Title: ST () Delete
Name: FIRPI, CARMEN
Address: 19066 SW 25 CT
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA CASTILLO-ROMAN

P

07/31/2006

Electronic Signature of Signing Officer or Director

Date