

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005541

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** HEALING HANDS MINISTRIES OF MIRACLES INC.

**Current Principal Place of Business:**

20000 HEATHERSTONE WAY  
1  
ESTERO L, FL 33928

**New Principal Place of Business:**

**Current Mailing Address:**

20000 HEATHERSTONE WAY  
1  
ESTERO L, FL 33928

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, JIM O  
20000 HEATHERSTONE WAY  
1  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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  
**Name:** WALKER, JIM O  
**Address:** 20000 HEATHERSTONE WAY 1  
**City-St-Zip:** ESTERO, FL 33928

**Title:** VP  
**Name:** VALENTINE, BOBBY  
**Address:** 20000 HEATHERSTONE WAY 1  
**City-St-Zip:** ESTERO, FL 33928

I hereby 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 all other like empowered.

**SIGNATURE:** JIM O WALKER

P

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date