SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 15 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003620 (1)

1. Corporation Name
HEALING MISSION, ASSEMBLED BY GOD, INC.

Principal Place of Business	Mailing Address
1721 29TH STREET SOUTH ST. PETERSBURG FL 33712	1721 29TH STREET SOUTH ST. PETERSBURG FL 33712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report:
4. FEI Number: 59-3256169 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 900-c 9th street so.	26 1721 29th St. So.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St.PETERSURG,FL	City & State 28 St.Petersburg,FL
Zip 24 33705 Country 25 Pinellas	Zip 29 33712 Country 30 Pinellas

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUTLER, STEPHANIE
1721 29TH STREET SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Zip Code

300001517263
-06/20/95--01047--005
******70.00 ******70.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Stephanie BUTLER *Stephanie L. Butler* 6-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D	Stephanie Butler 1721 29th Street South St.Petersburg,FL 33712	P	☐ Change ☒ Addition Stephanie Butler 1721 29th Street SOUTH St.Petersburg, FL 33712
D	James Charles Butler 1721 29th Street South St.Petersburg,FL 33712	V	☐ Change ☒ Addition James C. Butler 1721 29th Street South St.Petersburg, FL 33712
D	Henrietta Joyce Crump 303 North Brunnell Pkwy,Apt43 Lakeland, FL 33801	S	☐ Change ☒ Addition Henrietta J. Crump 303 North Brunnell Pkwy,Apt.#43 Lakeland, FL 33801
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

6-15-95-tg

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephanic Butler *Stephanie Butler* 6-7-95 813-895-3178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)

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