FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004424 (7)

1. Corporation Name
HEAVEN & HEALTH MINISTRIES, INC.

Principal Place of Business
1605 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

Mailing Address
POST OFFICE BOX 14415
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:
4. FEI Number: 65-0518595 — Applied For / Not Applicable

2. Principal Place of Business
21 513 U.S HWY ONE
Suite, Apt. #, etc.
22 #213
City & State
23 NORTH PALM BEACH FL.
Zip 24 33408 Country 25 U.S

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
WAIN, MICHAEL
909 LAKESHORE DRIVE, #105
LAKE PARK FL 33403

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	☐ Change ☑ Addition
1.2 NAME	MICHAEL WAIN	
1.3 STREET ADDRESS	909 LAKESHORE DR #105	
1.4 CITY-ST-ZIP	LAKE PARK FL. 33403	
2.1 TITLE	VICE-PRESIDENT/DIRECTOR	☐ Change ☑ Addition
2.2 NAME	MARY E. ELLIS	
2.3 STREET ADDRESS	5781 GOLDEN EAGLE CIRCLE	
2.4 CITY-ST-ZIP	Palm Beach Gardens FL. 33418	
3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
3.2 NAME	BRUCE PREVOST	
3.3 STREET ADDRESS	8292 NASHUA DRIVE	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL. 33418	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REMITTED BY MAIL

DC 7/6

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: Michael Wain MICHAEL WAIN - PRES 4/24/95 407-863-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004707