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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N97000005136 (3)

1. Corporation Name
MINISTRIES OF HEALING CATHOLIC CHRISTIAN, INC.

[redacted]

Principal Place of Business
4008 BAY TO BAY BOULEVARD
TAMPA FL 33629

Mailing Address
P.O. Box 18K
4008 BAY TO BAY BOULEVARD
TAMPA FL 33629
P.O. Box 130978
Tampa, FL 33681-0978

3. Date Incorporated or Qualified
09/08/1997

4. FEI Number
59-3480020
☐ Applied For
☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
220 SOUTH FRANKLIN
TAMPA FL 33602

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 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 _____ DATE
Signature, type or printed name of registered agent and title, if any. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D		1.2 NAME	
NAME	VALLE-PETERS, AMANDA		1.3 STREET ADDRESS	
STREET ADDRESS	4008 BAY TO BAY BOULEVARD		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL 33629			
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JEFFRIES, DAVID M		2.2 NAME	
STREET ADDRESS	220 SOUTH FRANKLIN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUERTIN, LIZ		3.2 NAME	
STREET ADDRESS	821 S. DALE MABRY HIGHWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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13. 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 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 added by an attachment with an address.