

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005261

1. Entity Name

HEALING OF THE NATION MINISTRY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90016 035 ****61.25

Principal Place of Business

Mailing Address

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 211
ORLANDO FL 32805
US

P.O. BOX 616325
ORLANDO FL 32861-6325

2. Principal Place of Business

5808 Matoma Dr

3. Mailing Address

P.O. Box 617363

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, FL

4. FEI Number

59-3438405

Applied For

Not Applicable

Zip
32839

Country
U.S.A.

Zip
32861

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, MICHAEL A SR
5473 TIMBERLEAF BLVD., #1016
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name Michael A. Henderson, Sr.

Street Address (P.O. Box Number is Not Acceptable)
6209 Fairlawn Drive

City Orlando FL Zip Code 32809

8. 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

Michael Henderson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDERSON, MICHAEL A SR
STREET ADDRESS 5473 TIMBERLEAF BLVD., #1016
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE VPD
NAME HENDERSON, BENITA C B
STREET ADDRESS 5473 TIMBERLEAF BLVD., #1016
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE D
NAME RICHARDSON, DARRELL
STREET ADDRESS 5473 TIMBERLEAF BLVD., #1016
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Henderson, Michael A. Sr.
STREET ADDRESS 6209 Fairlawn Drive
CITY-ST-ZIP Orlando Florida 32809 ☒ Change ☐ Addition

TITLE VPD
NAME Henderson, Benita C B
STREET ADDRESS 6209 Fairlawn Drive
CITY-ST-ZIP Orlando Florida 32809 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2000 (407) 352-3281
Date Daytime Phone #

CR2E037 (9/99)