

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

Jun 05, 2001 8:00 am
Secretary of State

04-16-2001 90246 040 ****61.25

DOCUMENT # N97000005261

1. Entity Name

HEALING OF THE NATION MINISTRY, INC.

Principal Place of Business

Mailing Address

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 211
ORLANDO FL 32805
US

P.O. BOX 616325
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

P.O. Box 617363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

4. FEI Number

59-3438405

Applied For

Not Applicable

Zip

Country

32861

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Michael Henderson Sr.

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

6209 Sailawm 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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE President
NAME Michael A. Henderson Sr.
STREET ADDRESS 6209 Sailawm Drive
CITY-ST-ZIP Orlando FL 32809 ☒ Change ☐ Addition (D)

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

TITLE Vice President
NAME Benita Henderson
STREET ADDRESS 6209 Sailawm Drive
CITY-ST-ZIP Orlando FL 32809 ☒ Change ☐ Addition (D)

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

TITLE Secretary (D)
NAME Jacquelyn McDaniel
STREET ADDRESS 625 Wilmer Avenue
CITY-ST-ZIP Orlando FL 32811 ☐ Change ☒ Addition (D)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Treasurer (D)
NAME Benjamin Smith
STREET ADDRESS 6421 Cherry Grove Circle
CITY-ST-ZIP Orlando FL 32809 ☐ Change ☒ Addition (T)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

BENITA HENDERSON Benita Henderson 4/1/01 407-351-6283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)