

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91311 015 \*\*\*\*61.25

**DOCUMENT # N97000005261**

1. Entity Name

**HEALING OF THE NATION MINISTRY, INC.**

Principal Place of Business

**750 SOUTH ORANGE BLOSSOM TRAIL  
 SUITE 211  
 ORLANDO FL 32805  
 US**

Mailing Address

**P.O. BOX 617363  
 ORLANDO FL 32861**

**80114388**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6630 N. Orange Blossom Trl**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite C**

**Orlando, Florida**

City & State

Zip

Country

**32810**

**U.S.A.**

4. FEI Number

**59-3438405**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, MICHAEL A SR  
 6209 TAILAWN DR  
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name **Michael A. Henderson Sr**  
 Street Address (P.O. Box Number is Not Acceptable) **5304 Long Road**  
 Apt. C  
 City **Orlando** FL Zip Code **32808**

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 Sr** **Michael Henderson Sr** **4-26-02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	<input type="checkbox"/> Delete
NAME	HENDERSON, MICHAEL A SR	
STREET ADDRESS	6209 TAILAWN DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HENDERSON, BENITA C B	
STREET ADDRESS	6209 TAILAWN DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCDANIEL, JACQUELYN	
STREET ADDRESS	625 WILMER AVE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, BENJAMIN	
STREET ADDRESS	6421 CHERRY GROVE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael A Henderson, Sr.	
STREET ADDRESS	5304 Long Rd. C	
CITY-ST-ZIP	Orlando FL 32808	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benita Henderson	
STREET ADDRESS	5304 Long Road C	
CITY-ST-ZIP	Orlando FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 C B HENDERSON** **04/26/02** **321-299-0400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)