

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90003 049 \*\*\*\*70.00

**DOCUMENT # N98000006531**

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC.

Principal Place of Business

18800 NW 2ND AVE. STE 222  
 MIAMI FL 33169

Mailing Address

18800 NW 2ND AVE. STE 222  
 MIAMI FL 33169

2. Principal Place of Business

Healing Ministry on the Rock

3. Mailing Address

18800 NW 2nd Ave  
 Suite, Apt. #, etc. 222

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0866310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MILLER, ILEENE H  
 18800 N.W. 2ND AVENUE  
 SUITE 222  
 MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 P  
 NAME MILLER, ILEENE ILEENE  
 STREET ADDRESS 2241 SHERMAN CIRCLE SOUTH #C310  
 CITY-ST-ZIP HOLLYWOOD FL 33025 ☐ Delete

TITLE D  
 NAME DALEY, CHRISTINE  
 STREET ADDRESS 7505 GRANT CRT  
 CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

TITLE D  
 NAME MILLER, DAVID  
 STREET ADDRESS 2241 SHERMAN CS APT C350  
 CITY-ST-ZIP HOLLYWOOD FL 33025 ☐ Delete

TITLE D  
 NAME DALEY, ALTON  
 STREET ADDRESS 7505 GRANT CT  
 CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE Lorna Stone  
 NAME Lorna Stone  
 STREET ADDRESS 2241 Sherman C-S  
 CITY-ST-ZIP apt C-310, Hollywood FL 33025 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/01 (954) 450-3698

CR2E037 (10/00)