

3/31

FILED

May 06, 2002 8:00 am  
Secretary of State

03-31-2002 90353 007 \*\*\*\*70.03

05-06-2002 90262 028 \*\*\*\*43.75

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006531 *NC NOT FILED*

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC. *NEW Testament*  
(Added name) *Church of God*

Principal Place of Business

Mailing Address

18800 NW 2ND AVE. STE 222  
MIAMI FL 3316918800 NW 2ND AVE. STE 222  
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

*As Above*  
Suite, Apt. #, etc.*As above*  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

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

*Heene Miller*

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 FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILLER, ILEENE<br>2241 SHERMAN CIRCLE SOUTH #C310<br>HOLLYWOOD FL 33025 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>STONE, LORNA<br>2241 SHERMAN C-S, APT. C-130<br>HOLLYWOOD FL 33025       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MILLER, DAVID<br>2241 SHERMAN CS APT C350<br>HOLLYWOOD FL 33025         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DALEY, ALTON<br>7505 GRANT CT<br>HOLLYWOOD FL 33024                     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>Dotlyn Fowler<br>6050 S.W. 26th<br>Miramar FL 33023                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | M/D<br>HELMING Conkey<br>4808 NW 42 Ave<br>Tamarac FL 33319                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>Valrie Brooks<br>2020 NW 28 Terrace<br>Ft. Lauderdale FL 33311          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>Deacon Bideon Brooks<br>2020 NW 28 Terrace<br>Ft. Lauderdale FL 33311 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/01)

Attachment Ser. # N98000006531  
**ARTICLES OF AMENDMENT**

to  
**ARTICLES OF INCORPORATION**  
of

HEALING MINISTRY on the Rock New Testament Church  
(present name) of God  
N 98000006531  
(Document Number of Corporation (If known))

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

**FIRST:** Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

New Testament Church of God

**SECOND:** The date of adoption of the amendment(s) was: July 27<sup>th</sup> 2002  
**THIRD:** Adoption of Amendment (CHECK ONE)

- ☒ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Ileene Miller

Signature of Chairman, Vice Chairman, President or other officer

ILEENE MILLER

Typed or printed name

Pastor (President)

Title

4/22/02

Date