

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91234 019 ****61.25

DOCUMENT # N98000006531

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC.



Principal Place of Business

18800 NW 2ND AVE.
SUITE 202-204
MIAMI FL 33169

Mailing Address

18800 NW 2ND AVE.
SUITE 202-204
MIAMI FL 33169

2. Principal Place of Business

18101 NW 7 Ave
Suite, Apt. #, etc. 218

3. Mailing Address

18101 NW 7 Ave
Suite, Apt. #, etc. 218

City & State

miami FL 3

City & State

miami FL

Zip

33169

Country

Zip

33169

Country

6. Name and Address of Current Registered Agent

MILLER, ILEENE H
18800 N.W. 2ND AVENUE → 18101 NW 7 Ave
SUITE 202-204 → 218
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE F
NAME FOWLER, DOTLYN
STREET ADDRESS 6050 S.W. 26TH
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

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

TITLE MD
NAME CONNERY, HERMINE
STREET ADDRESS 4808 NW 42 AVE.
CITY-ST-ZIP TAMARAC FL 33319 ☐ Delete

TITLE S
NAME THOMAS, ELAINE
STREET ADDRESS 18101 NW 7 AVE., APT. 218
CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE TD
NAME BROOKS, DEACON G
STREET ADDRESS 2020 NW 28 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Ileene Miller

ILEENE MILLER

Date

Daytime Phone #

4/28/04 13057654-167

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