

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90017 007 ****62.00

DOCUMENT # N98000006531

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC.



Principal Place of Business

18101 NW 7 AVE., #218
MIAMI FL 33169

Mailing Address

18101 NW 7 AVE., #218
SUITE 202-204
MIAMI FL 33169

2. Principal Place of Business

18101 NW 7 Ave

Suite, Apt. #, etc.

City & State

MIA. FL

Zip

33169

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



50060885

1st MOORE

CR2E037 (10/04)

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
18101 NW 7 AVE., #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

Ileene 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
Due By May 1, 2005

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	<input type="checkbox"/> Delete
NAME	MILLER, ILEENE	
STREET ADDRESS	2241 SHERMAN CIRCLE SOUTH #C310	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOWLER, DOTLYN	
STREET ADDRESS	6050 S.W. 26TH	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, DAVID	
STREET ADDRESS	2241 SHERMAN CS APT C350	
CITY-ST-ZIP	HOLLYWOOD FL 33025	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CONNERY, HERMINE	
STREET ADDRESS	4808 NW 42 AVE.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, ELAINE	
STREET ADDRESS	18101 NW 7 AVE., APT. 218	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROOKS, DEACON G	
STREET ADDRESS	2020 NW 28 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

Ileene Miller ILEENE MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/2005 (786) 326-4894

Daytime Phone #