

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90002 046 \*\*\*\*70.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # N98000006531</b>   |   |   |  |    |  |
| 1. Entity Name<br><b>HEALING MINISTRY ON THE ROCK, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>18101 NW 7 AVE., #218<br/>MIAMI FL 33169</b>   |   |   | Mailing Address<br><b>18101 NW 7 AVE., #218<br/>SUITE 202-204<br/>MIAMI FL 33169</b> |   |  |
| 2. Principal Place of Business   |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.  |   |  |
| City & State<br><b>MIAMI</b>   |   | City & State  |  | 4. FEI Number<br><b>65-0866310</b>  |  |
| Zip<br><b>33169</b>  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><b>MILLER, ILEENE H<br/>18101 NW 7 AVE., #218<br/>MIAMI FL 33169</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>None</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Ileene Miller</i></u> (NOTE: Registered Agent signature required when rotating) DATE  |   |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 6, 2006</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | <b>Make Check Payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| 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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>FOWLER, DOTLYN<br>6050 S.W. 26TH<br>MIRAMAR FL 33023 <input type="checkbox"/> Delete                     | 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   | 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  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MD<br>CONNERY, HERMINE<br>4808 NW 42 AVE.<br>TAMARAC FL 33319 <input type="checkbox"/> Delete                 | 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   | S<br>THOMAS, ELAINE<br>18101 NW 7 AVE., APT. 218<br>MIAMI FL 33169 <input type="checkbox"/> Delete            | 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   | TD<br>BROOKS, DEACON G<br>2020 NW 28 TERRACE<br>FORT LAUDERDALE FL 33311 <input type="checkbox"/> Delete      | 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 exemptions contained in Chapter 119, 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 employees. |   |   |  |   |  |
| SIGNATURE: <u><i>Ileene Miller</i></u> <u><i>8/2/2006</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #   |   |   |  |   |  |