
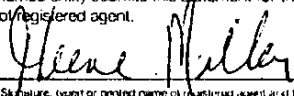
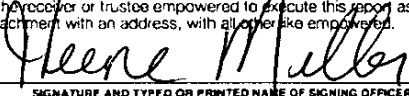


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # N98000006531</b>					
1. Entity Name <b>HEALING MINISTRY ON THE ROCK, INC.</b>					
Principal Place of Business <b>18101 NW 7 AVE., #218 MIAMI FL 33169</b>			Mailing Address <b>18101 NW 7 AVE., #218 SUITE 202-204 MIAMI FL 33169</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>MIAMI</b>			City & State		
Zip <b>33169</b>	Country		Zip	Country	
4. FEI Number <b>65-0866310</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>MILLER, ILEENE H 18101 NW 7 AVE., #218 MIAMI FL 33169</b>			7. Name and Address of New Registered Agent  <b>None</b>		
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  <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW: FEE IS \$61.25</b> <b>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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MILLER, ILEENE 2241 SHERMAN CIRCLE SOUTH #C310 HOLLYWOOD FL 33025</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T FOWLER, DOTLYN 6050 S.W. 26TH MIRAMAR FL 33023</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MILLER, DAVID 2241 SHERMAN CS APT C350 HOLLYWOOD FL 33025</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MD CONNERY, HERMINE 4808 NW 42 AVE. TAMARAC FL 33319</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S THOMAS, ELAINE 18101 NW 7 AVE., APT. 218 MIAMI FL 33169</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD BROOKS, DEACON G 2020 NW 28 TERRACE FORT LAUDERDALE FL 33311</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 empowered.					
<b>SIGNATURE:</b>  <b>8/2/2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					