

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000006531**

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC.



Principal Place of Business

Mailing Address

18101 NW 7 AVE., #218  
MIAMI FL 33169

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

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

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0866310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ILEENE H  
18101 NW 7 AVE., #218  
MIAMI FL 33169

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

3/27/2007

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000752505 ☐ Change ☐ Addition  
05/21/07-80018-031 70.00

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Ileene Miller*

4/27/2007