2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State
04-17-2008 90016 007 ****62.00

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1. Entity Name
HEALING MINISTRY ON THE ROCK, INC.

66012704

03032008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
~~18101 NW 7 AVE., #218~~ 9325NW 45St ~~MIAMI, FL 33169~~ Sunrise FL 33351	18101 NW 7 AVE., #218 SUITE 202-204 MIAMI, FL 33169

2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
9325NW 45St	~~Sunrise FL~~ 9325N.W
Suite, Apt. #, etc. ~~FL 33351~~	Suite, Apt. #, etc. 45St
City & State Sunrise FL	City & State Sunrise FL 33351
Zip 33351 Country	Zip Country

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	7. Name and Address of New Registered Agent
MILLER, ILEENE H ~~18101 NW 7 AVE., #218~~ 9325NW 45St ~~MIAMI, FL 33169~~ Sunrise FL 33351	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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	☐ Change ☐ Addition
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 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.

SIGNATURE: Ileene Miller 5/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #