

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90106 040 ****70.00

DOCUMENT # N98000006531

1. Entity Name

HEALING MINISTRY ON THE ROCK, INC.



Principal Place of Business

18800 NW 2ND AVE. STE 202-204
MIAMI FL 33169

Mailing Address

18800 NW 2ND AVE. STE 202-204
MIAMI FL 33169

2. Principal Place of Business

18800 NW 2nd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

MILLER, ILEENE H

18800 N.W. 2ND AVENUE

SUITE 202-204

MIAMI FL 33169

4. FEI Number 65-0866310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



SIGNATURE

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

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

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

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

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

TITLE S
NAME BROOKDS, VALRIE
STREET ADDRESS 2020 NW 28 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE TD
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 S
NAME Elaine Thomas
STREET ADDRESS 1810 NW 7 Ave, Apt 218
CITY-ST-ZIP MIA FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE REQUIRED

Heene Miller 5/30/03 (305) 654-1677

0028060

CR2E037 (10/02)