

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90109 027 \*\*\*\*70.00

**DOCUMENT # N99000000358**

1. Entity Name

**HEALING MISSION MINISTRIES, INC.**

Principal Place of Business

1306 S. VERONA AVE.  
AVON PARK FL 33825

Mailing Address

P. O. BOX 554  
AVON PARK FL 33826-0554

2. Principal Place of Business

**545 N. Pine Street**

3. Mailing Address

**P.O. BOX 554**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sebring, Florida**

City & State

**Avon Park, Florida**

4. FEI Number

**65-0894691**

Applied For

Not Applicable

Zip  
**33870**

Country  
**USA**

Zip  
**33826-0554**

Country  
**USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUTLER, STEPHANIE L**  
**14099 BELCHER RD., LOT 1093**  
**LARGO FL 33771**

7. Name and Address of New Registered Agent

Name **Stephanie L. Butter**

Street Address (P.O. Box Number is Not Acceptable)

**847 Lemon Avenue**

City **Sebring**

FL

Zip Code  
**33870**

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.

SIGNATURE

*Stephanie L. Butter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/27/00**

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **BUTLER, STEPHANIE**  
STREET ADDRESS **14099 BELCHER RD., LOT 1093**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **VD** ☐ Delete  
NAME **CRUMP, HENRIETTA**  
STREET ADDRESS **1680 N. DELAWARE AVE. APT. 108**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **SD** ☐ Delete  
NAME **SIMPSON, QUENSHA**  
STREET ADDRESS **14099 BELCHER RD., LOT 1093**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
NAME **Stephanie L. Butter**  
STREET ADDRESS **847 Lemon Avenue**  
CITY-ST-ZIP **Sebring, Florida 33870**

TITLE **VD** ☐ Change ☐ Addition  
NAME **Crump, Henrietta**  
STREET ADDRESS **30 Palm Circle**  
CITY-ST-ZIP **Avon Park, Florida 33825**

TITLE **SD** ☐ Change ☐ Addition  
NAME **Simpson, Quensha**  
STREET ADDRESS **847 Lemon Avenue**  
CITY-ST-ZIP **Sebring, Florida 33870**

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

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

TITLE ☐ Change ☐ Addition  
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:

*Stephanie L. Butter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**863-386-0318**

CR2E037 (9/99)