5/24/2002-91324-010

FILED
Jul 10, 2002 8:00 am
Secretary of State
05-24-2002 91324 010 ****70.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Healing Mission Ministries, Inc.
N99000000358

Principal Place of Business: 625 Maxanna Ave. Sebring, FL 33875

Mailing Address: P.O. Box 4419 Sebring, Florida 33871

[redacted] DO NOT WRITE

2. Principal Place of Business	3. Mailing Address
625 Maxanna Ave.	P.O. Box 4419
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, Florida	City & State: Sebring, Florida
Zip: 33875 Country: USA	Zip: 33871 Country:

4. FEI Number: 65-0896691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, STEPHANIE L
619 MAXANNA AVE.
SEBRING FL 33872

7. Name and Address of New Registered Agent

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.

SIGNATURE: Stephanie Butler DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Stephanie Butler / 619 Maxanna Avenue / Sebring, Florida 33875	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director / Willie Davis Sr. / 619 Maxanna Avenue / Sebring, Florida 33875	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director / Henrietta Crump / 1310 Wisteria Rd. / Avon Park, FL 33825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 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 Butler 5-2-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #