

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000004564**

1. Entity Name  
**HEALING PLACE MINISTRIES, INC.**



Principal Place of Business  
**1006 N.E. 215TH STREET  
MIAMI, FL 33179**

Mailing Address  
**PASTOR LIONEL S. RECKLEY  
19021 NW 24TH AVENUE  
MIAMI, FL 33056**



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0940771**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RECKLEY, LIONEL S  
19021 N.W. 24TH AVE.  
MIAMI, FL 33056**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000260021

03/12/05-60008-002 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KNOWLES, CHARLEY L  
2200 NW 167TH ST  
OPA LOCKA, FL 33054**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCDANIELS, MATTIE  
9080 N.W. 186TH TERRACE  
MIAMI, FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RECKLEY, MARIA B  
19021 NW 24TH AVE  
MIAMI, FL 33056**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/05 305-798-3387**

Date

Daytime Phone #