

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012100

**FILED**  
**Mar 22, 2016**  
**Secretary of State**  
**CC9063973460**

**Entity Name:** HEAVEN'S GARDEN MINISTRIES, INC.

**Current Principal Place of Business:**

11 RAINTREE CT  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

11 RAINTREE CT.  
ORMOND BEACH, FL 32174 US

**FEI Number:** 20-2025751

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPINA, AIDA  
11 RAINTREE CT.  
ORMOND BEACH, FL 32174 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SPINA, AIDA  
Address 10806 JOHNSON BLVD.  
City-State-Zip: YOUNGSTOWN FL 32466

Title D  
Name KING, DORIS  
Address 11 RAINTREE CT.  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name NIEVES, JESSICA E  
Address 350 ST. ANNS AVENUE APT. 2N  
City-State-Zip: BRONX NY 10454

Title D  
Name BACON, MICHAEL  
Address 30 MADINAH CT.  
City-State-Zip: YOUNGSVILLE NC 27596

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AIDA SPINA

**PRESIDENT**

**03/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date