

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001509

Entity Name: HEAVENLY HANDS LIFE DELIVERANCE MINISTRY, INC.

Current Principal Place of Business:

951 S.W. 4TH ST
HOMESTEAD, FL 33034

Current Mailing Address:

PO BOX 349503
FLORIDA CITY, FL 33034 US

FEI Number: 61-1641260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, BENNY LEE
311 S.W. 6CT
FLORIDA CITY, FL 33034 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: BENNY LEE JOHNSON

03/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JOHNSON, BENNY L
Address 311 SW 6CT
City-State-Zip: FLORIDA CITY FL 33034

Title VP
Name ALTERMESSE, JOHNSON H
Address 311 SW 6CT
City-State-Zip: FLORIDA CITY FL 33034

Title ELDER
Name PITTMAN, ALVIN L
Address 487 N.W. 15TH ST
City-State-Zip: FLORIDA CITY FL 33034

Title S
Name ESTEVEZ, SUSAN MARIE
Address PO BOX 285
City-State-Zip: BALLWIN MO 63022

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: ALTERMESSE JOHNSON

VP

03/03/2019

Electronic Signature of Signing Officer/Director Detail

Date