

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002722

**Entity Name:** HEALING MERCY MINISTRIES INTERNATIONAL, INC.**Current Principal Place of Business:**701 PINE DRIVE #106  
POMPANO BEACH, FL 33060**Current Mailing Address:**701 PINE DRIVE #106  
POMPANO BEACH, FL 33060**FEI Number:** 46-4551205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDER, SEAN  
701 PINE DRIVE #106  
POMPANO BEACH, FL 33060 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	D
Name	ALEXANDER, SEAN
Address	701 PINE DRIVE #106
City-State-Zip:	POMPANO BEACH FL 33060

Title	D
Name	GALLANT, JOSEPH E
Address	1801 N. ANDREWS AVE., PH-E
City-State-Zip:	WILTON MANORS FL 33311

Title	D
Name	EDWARDS, DEBORAH
Address	315 STONEBRIDGE DR
City-State-Zip:	LEAGUE CITY TX 77573

Title	D
Name	ALEXANDER, SONJA L
Address	701 PINE DRIVE #106
City-State-Zip:	POMPANO BEACH FL 33060

Title	D
Name	LILLIE, HOLLY G
Address	109 MISTY LN. N.W.
City-State-Zip:	MILLEDGEVILLE GA 31061

Title	D
Name	PAIM, MIKE
Address	4082 COCOPLUM CIR
City-State-Zip:	COCONUT CREEK FL 33063

*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:** SEAN ALEXANDER**PRESIDENT****01/19/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date