

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

DOCUMENT# N14000007764

**Entity Name:** DIVINE AND SACRED HEALING MINISTRIES FOR HEALTH INC.

**Current Principal Place of Business:**

3391 E SILVER SPRINGS BLVD STE B  
OCALA, FL 34470

**Current Mailing Address:**

PO BOX 10  
SILVER SPRINGS, FL 34489-0010

**FEI Number:** 37-1763618

**Certificate of Status Desired:** Yes

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

JENKINS, NANCY C  
3391 E SILVER SPRINGS BLVD STE B  
OCALA, FL 34470 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 PCEO  
Name BADANEK, MICHAEL J  
Address 3391 E SILVER SPRINGS BLVD STE B  
City-State-Zip: Ocala FL 34470

Title T  
Name ALVAREZ, ANTONIO T JR  
Address 3391 E SILVER SPRINGS BLVD STE B  
City-State-Zip: Ocala FL 34470

Title S  
Name PEZO, DAVID M  
Address 3391 E SILVER SPRINGS BLVD STE B  
City-State-Zip: Ocala FL 34470

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:** REVEREND/FATHER DR. MICHAEL JOHN BADANEK PCEO

02/10/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date