

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006145

Entity Name: HEALED UNDER GOD'S GRACES MINISTRIES, INC.**Current Principal Place of Business:**23480 GLORY TERRACE
OKEECHOBEE, FL 34974**Current Mailing Address:**P.O. BOX 880154
PT. ST. LUCIE, FL 34988 US**FEI Number: 84-2151291****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAJEK & HAJEK CPA'S P.A.
5308 CENTRAL AVE.
337
SAINT PETERSBURG, FL 33707 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	VP/T
Name	ROWLAND, MARGIE
Address	PO BOX 880154
City-State-Zip:	PT. ST. LUCIE FL 34988

Title	P
Name	TERRELL ROWLAND, WILLIAM PASTOR
Address	PO BOX 880154
City-State-Zip:	PT. ST. LUCIE FL 34988

Title	SEC
Name	DESANTI, LISA
Address	P.O. BOX 880154
City-State-Zip:	PT. ST. LUCIE FL 34988

Title	DIR
Name	KELLY, WARREN H. II
Address	P.O. BOX 880154
City-State-Zip:	PT. ST. LUCIE FL 34988

Title	DIR
Name	ELDRIDGE, KELLEY
Address	P.O. BOX 880154
City-State-Zip:	PT. ST. LUCIE FL 34988

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: LISA DESANTI**SEC****02/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date