

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012047

Entity Name: HEAL THE LAND MINISTRY INCORPORATED**Current Principal Place of Business:**787 GARFIELD STREET
JACKSONVILLE, FL 32209**Current Mailing Address:**787 GARFIELD STREET
JACKSONVILLE, FL 32209**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, DANIELLE
550 BALMORAL CIRCLE N STE 203
JACKSONVILLE, FL 32218 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	TREA
Name	ALLEN, DANIELLE
Address	550 BALMORAL CIRCLE N STE 203
City-State-Zip:	JACKSONVILLE FL 32218

Title	PRES
Name	HOLDEN, DARLENE
Address	787 GARFIELD STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	BENTHAM, MAUREEN
Address	2027 KELLY CREEK CIRCLE
City-State-Zip:	OVIDO FL 32765

Title	SEC
Name	HOLMES, ALINA
Address	787 GARFIELD STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIR
Name	ALLEN-HARRISON, EDNA
Address	21 TAHOE DRIVE
City-State-Zip:	NEWNAN GA 30263

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: DANIELLE ALLEN**TREASURER****04/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date