

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24446

Entity Name: HEALING WATERS WORLD OUTREACH MINISTRIES, INC.**Current Principal Place of Business:**922 E. MCDONALD AVE
EUSTIS, FL 32726**Current Mailing Address:**922 E. MCDONALD AVE
EUSTIS, FL 32726 US**FEI Number: 59-2903012****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MANNING, JOHNNIE M.
922 E. MCDONALD AVENUE
EUSTIS, FL 32726 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	PD
Name	HILL JONES, LEVON
Address	922 E. MCDONALD AVE
City-State-Zip:	EUSTIS FL 32726

Title	T
Name	HILL-JONES, LEVON
Address	1799 N. 19A APT L1
City-State-Zip:	EUSTIS FL 32726

Title	D
Name	COLEMAN, CHARLENE
Address	1963 MORRITTS CT
City-State-Zip:	EUSTIS FL 32726

Title	S
Name	BEAN, CLARA
Address	616 REDDICK ST
City-State-Zip:	EUSTIS FL 32726

Title	D
Name	STIVER, BOBBIE
Address	2101 SHADOW RIDGE DR
City-State-Zip:	DELTONA FL 32725

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: CLARA BEAN**SECRETARY****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date