

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003186

**Entity Name:** HEALING HARVEST MINISTRIES INC.

**Current Principal Place of Business:**

1553-55 CESERY BOULEVARD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

1553-55 CESERY BOULEVARD  
JACKSONVILLE, FL 32211 US

**FEI Number:** 27-5253220

**Certificate of Status Desired:** No

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

ALBERTA, ALFONZA SR.  
1553-55 CESERY BOULEVARD  
JACKSONVILLE, FL 32211 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:** ALFONZA ALBERTA SR

08/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name ALBERTA, ALFONZA SR.  
Address 1553-55 CESERY BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32211

Title VP  
Name ALBERTA, COLISTA A  
Address 1553-55 CESERY BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32211

Title AVP  
Name COLLINS, ROYNEISHA S  
Address 1553-55 CESERY BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32211

*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:** ALFONZA ALBERTA SR.

PRESIDENT

08/24/2017

Electronic Signature of Signing Officer/Director Detail

Date