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.

AVP

SIGNATURE: ROYNEISHA PACHECO

City-State-Zip: JACKSONVILLE FL 32236

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003186

Entity Name: HEALING HARVEST MINISTRIES INC.

Current Principal Place of Business:

130 NEW BERLIN ROAD JACKSONVILLE, FL 32218

Current Mailing Address:

PO BOX 6004 5455 VERNA BLVD JACKSONVILLE, FL 32236 US

FEI Number: 27-5253220

Name and Address of Current Registered Agent:

ALBERTA, ALFONZA SR. 5455 VERNA BLVD PO BOX 6004 JACKSONVILLE, FL 32236 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	E: ALFONZA ALBERTA SR			01/19/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRES	Title	VP	
Name	ALBERTA, ALFONZA SR.	Name	ALBERTA, COLISTA A	
Address	PO BOX 6004	Address	PO BOX 6004	
City-State-Zip:	JACKSONVILLE FL 32236	City-State-Zip:	JACKSONVILLE FL 32236	
Title	AVP			
Name	PACHECO, ROYNEISHA S			
Address	PO BOX 6004			

Certificate of Status Desired: No

01/19/2021

Date

FILED Jan 19, 2021 Secretary of State 4869100791CC

Electronic Signature of Signing Officer/Director Detail