

**2022 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

**Certificate of Status Desired:** Yes

**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:** ALFONZA ALBERTA SR

01/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name ALBERTA, ALFONZA SR.  
Address PO BOX 6004  
City-State-Zip: JACKSONVILLE FL 32236

Title VP  
Name ALBERTA, COLISTA A  
Address PO BOX 6004  
City-State-Zip: JACKSONVILLE FL 32236

Title AVP  
Name PACHECO, ROYNEISHA S  
Address PO BOX 6004  
City-State-Zip: JACKSONVILLE FL 32236

*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:** ROYNEISHA S PACHECO

AVP

01/12/2022

Electronic Signature of Signing Officer/Director Detail

Date