

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003186

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

**Current Principal Place of Business:**

550 NORTH ORANGE EDWARDS BLVD.  
KINGSLAND , GA 31548

**Current Mailing Address:**

550 NORTH ORANGE EDWARDS BLVD  
KINGSLAND, GA 31548 US

**FEI Number:** 27-5253220

**Certificate of Status Desired:** No

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

PACHECO, ROYNEISHA  
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:** ROYNEISHA PACHECO

01/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            ALBERTA, ALFONZA SR.  
Address        550 NORTH ORANGE EDWARDS  
                  BLVD  
City-State-Zip: KINGSLAND GA 31548

Title            VP  
Name            ALBERTA , COLISTA ANN  
Address        550 NORTH ORANGE EDWARDS  
                  BLVD.  
City-State-Zip: KINGSLAND GA 31548

Title            AVP  
Name            PACHECO, ROYNEISHA SHYNETTE  
Address        550 NORTH ORANGE EDWARDS  
                  BLVD.  
City-State-Zip: KINGSLAND GA 31548

*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 PACHECO

AVP

01/16/2024

Electronic Signature of Signing Officer/Director Detail

Date