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.

PRESIDENT

SIGNATURE: TODD FUHRMANN

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

FUHRMANN, TODD 2505 GLENCOE FARMS RD. NEW SMYRNA BEACH, FL 32168 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:        | TODD FUHRMANN                            |                 |                         | 04/12/2022 |
|-------------------|--|-----------------|-------------------------|------------|
|                   | Electronic Signature of Registered Agent |                 |                         | Date       |
| Officer/Direct    | or Detail :                              |                 |                         |            |
| Title I           | PRESIDENT                                | Title           | TREASURER               |            |
| Name I            | FUHRMANN, TODD                           | Name            | FUHRMANN, TODD          |            |
| Address           | 2505 GLENCOE FARMS RD.                   | Address         | 2505 GLENCOE FARMS RD.  |            |
| City-State-Zip: I | NEW SMYRNA BEACH FL 32168                | City-State-Zip: | NEW SMYRNA BEACH FL 321 | 68         |
| Title             | SECRETARY                                | Title           | DIRECTOR                |            |
| Name              | WATSON, TIMM                             | Name            | STRYDOM, DESMOND        |            |
| Address           | 4198 PIONEER TRAIL                       | Address         | 295 WESTERN ROAD        |            |
| City-State-Zip:   | NEW SMYRNA BEACH FL 32168                | City-State-Zip: | NEW SMYRNA BEACH FL 321 | 68         |
| Title             | DIRECTOR                                 |                 |                         |            |
| Name I            | BELL, ROBERT MORRIS                      |                 |                         |            |
| Address           | 2308 CITRUS AVE.                         |                 |                         |            |
| City-State-Zip:   | SOUTH DAYTONA FL 32119                   |                 |                         |            |

# Certificate of Status Desired: No

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 748826**

Entity Name: THE PREACHING OF THE CROSS, INC.

### **Current Principal Place of Business:**

701 WOODLEY AVE. EDGEWATER, FL 32132

### **Current Mailing Address:**

P.O. BOX 866 EDGEWATER. FL 32132-1707

## FEI Number: 59-1977709

### FILED Apr 12, 2022 Secretary of State 4436054805CC

Date

04/12/2022