# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004818

Entity Name: SOUTH SANTA ROSA INTERFAITH MINISTRIES, INC.

**FILED** Apr 12, 2017 **Secretary of State** CC4685259178

# **Current Principal Place of Business:**

4435 GULF BREEZE PKWY GULF BREEZE. FL 32563

# **Current Mailing Address:**

4435 GULF BREEZE PKWY GULF BREEZE. FL 32563

FEI Number: 59-3690750 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORNETT, SHIRLEY E 4435 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title D/P Title D/T

BECKER, JON DR. HUNT, LUKE MSGR Name Name 4191 GULF BREEZE PKWY Address POST OFFICE BOX 1057 Address City-State-Zip: GULF BREEZE FL 32562 GULF BREEZE FL 32563

Title **EXECUTIVE DIRECTOR** CORNETT, SHIRLEY E Name

Address 4435 GULF BREEZE PKWY City-State-Zip: GULF BREEZE FL 32563

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: SHIRLEY E. CORNETT

EXECUTIVE DIRECTOR

04/12/2017