

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N00000005809

**Entity Name:** D.M.R. MINISTRIES INC.

**Current Principal Place of Business:**

2920 HIGHLAND LAKES DR.  
DELTONA, FL 32738

**Current Mailing Address:**

2920 HIGHLAND LAKES DR.  
DELTONA, FL 32738 US

**FEI Number:** 31-1768346

**Certificate of Status Desired:** No

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

MARITZA RAMOS, DELIA  
2920 HIGHLAND LKS DR  
DELTONA, FL 32738 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name RAMOS VELASQUEZ, WILFREDO  
Address 2920 HIGHLAND LK DR  
City-State-Zip: DELTONA FL 32738

Title P  
Name RAMOS, DELIA M  
Address 2920 HIGHLAND LK DR  
City-State-Zip: DELTONA FL 32738

Title D  
Name RAMOS, KARINA  
Address 2920 HIGHLAND LAKES DR.  
City-State-Zip: DELTONA FL 32738

Title S  
Name SHAW, AMARYLLIS  
Address 2920 HIGHLAND LAKES DR.  
City-State-Zip: DELTONA FL 32738

Title D  
Name RAMOS, STEVEN  
Address 2920 HIGHLAND LAKES DR.  
City-State-Zip: DELTONA FL 32738

*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:** DELIA M. RAMOS

**PRESIDENT**

**08/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date