

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007724

**Entity Name:** KAIROS SEA MINISTRIES, INC.

**Current Principal Place of Business:**

411 WALNUT ST  
1038  
GREEN COVE SPRINGS, FL 32043-3443

**Current Mailing Address:**

411 WALNUT ST  
1038  
GREEN COVE SPRINGS, FL 32043-3443 US

**FEI Number:** 35-2180230

**Certificate of Status Desired:** No

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

HORMANN, JAMES K  
411 WALNUT ST  
1038  
GREEN COVE SPRINGS, FL 32043-3443 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            PRES  
Name            VANCE, DAVID M REV  
Address        1514 HIGH ST  
City-State-Zip: PALATKA FL 32177

Title            SEC  
Name            VANCE, MELANIE H  
Address        1514 HIGH ST  
City-State-Zip: PALATKA FL 32177

Title            TREA  
Name            HORMANN, JAMES K  
Address        411 WALNUT ST 1038  
City-State-Zip: GREEN COVE SPRINGS FL 32043-3443

Title            DR  
Name            HORMANN, PEGGY  
Address        411 WALNUT ST 1038  
City-State-Zip: GREEN COVE SPRINGS FL 32043-3443

*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:** JAMES K HORMANN

**OFFICER**

**02/09/2018**

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

\_\_\_\_\_  
Date