# above, or on an attachment with all other like empowered.

SIGNATURE: DUWAYNE HEGEL

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N0300003203

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: WILL YOU WORSHIP MINISTRIES, INC

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

3694 WATERSIDE DRIVE ORANGE PARK. FL 32073

## **Current Mailing Address:**

3694 WATERSIDE DRIVE ORANGE PARK. FL 32073

### FEI Number: 41-1949186

### Name and Address of Current Registered Agent:

HEGEL, DUWAYNE D 3694 WATERSIDE DRIVE ORANGE PARK, FL 32073 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

### **Officer/Director Detail :**

Title	Р	Title	VP
Name	HEGEL, DUWAYNE D	Name	HEGEL, PAMELA S
Address	3694 WATERSIDE DR	Address	3694 WATERSIDE DRIVE
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073

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

PRESIDENT

05/03/2017

FILED May 03, 2017 Secretary of State CC7763582773

Certificate of Status Desired: No

Date

Date