

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004429

Entity Name: BEACON MINISTRIES, INC.**Current Principal Place of Business:**21338 HWY 19 N
CLEARWATER, FL 33765**Current Mailing Address:**PO. BOX 5674
CLEARWATER, FL 33758 US**FEI Number:** 20-0055357**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOBLE, DR NELSON, CLAUDE SR
21338 US HWY 19 N
CLEARWATER, FL 33765 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	P
Name	NOBLE, DR NELSON, CLAUDE SR.
Address	21338 US HWY 19 N
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	NOBLE, NELSON C JR.
Address	1523 SALLY ST.
City-State-Zip:	THOMASVILLE GA 31792

Title	VP
Name	BLAKLEY, CHRISTOPHER A
Address	116 LAKESIDE DR
City-State-Zip:	OLDSMAR FL 34677

Title	SECRETARY
Name	BLAKLEY-NOBLE, JOSEPHINE M
Address	21338 HWY 19 N
City-State-Zip:	CLEARWATER FL 33765

Title	DIRECTOR
Name	SPERRY, JAMES P
Address	1399 S. BELCHER RD.
City-State-Zip:	CLEARWATER FL 33771

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: NELSON C. NOBLE SR.**PRESIDENT****03/04/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date