

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007611

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9000925659**

**Entity Name:** ALAN STOCKTON MINISTRIES, INC.

**Current Principal Place of Business:**

81 PONDELLA ROAD  
NORTH FT. MYERS, FL 33903

**Current Mailing Address:**

P.O. BOX 50178  
FT. MYERS, FL 33994

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

STOCKTON, ALAN B  
2595 62ND AVENUE, SOUTH  
ST PETERSBURG, FL 33712 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 WILLIAMS, TAKEESHA  
Address 2595 62ND AVENUE, SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title D  
Name WILLIAMS, DONNIE  
Address 2595 62ND AVENUE, SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title D  
Name WILLIAMS, BEVERLY  
Address 3850 CENTRAL AVENUE, #303  
City-State-Zip: FT. MYERS FL 33901

Title O  
Name STOCKTON, JANIE  
Address 3850 CENTRAL AVENUE, #303  
City-State-Zip: FT. MYERS FL 33901

Title O  
Name STOCKTON, MARY L  
Address 2595 62ND AVENUE, SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

*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:** MARY STOCKTON

**DIR**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date