

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012006

Entity Name: SHERRY WHITE MINISTRIES, INC.**Current Principal Place of Business:**770 ALTON CARLTON RD
WAUCHULA, FL 33873**Current Mailing Address:**P O BOX 2566
WAUCHULA, FL 33873 US**FEI Number:** 20-4076755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITE, SHERRY
770 ALTON CARLTON RD
WAUCHULA, FL 33873 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	WHITE, SHERRY
Address	770 ALTON CARLTON RD
City-State-Zip:	WAUCHULA FL 33873

Title	D
Name	WHITE, JOHN M
Address	770 ALTON CARLTON RD
City-State-Zip:	WAUCHULA FL 33873

Title	D
Name	THOMPSON, MONTRY
Address	217 SHORT STREET
City-State-Zip:	WAUCHULA FL 33873

Title	D
Name	CHAPA, RACHEL
Address	2705 STEVE ROBERTS SPECIAL
City-State-Zip:	ZOLFO SPRINGS FL 33890

Title	DIRECTOR
Name	CHAPA, DAVID
Address	2705 STEVE ROBERTS SPECIAL
City-State-Zip:	ZOLFO SPRINGS FL 33890

Title	DIRECTOR
Name	PRESTON, CANDICE
Address	P O BOX 609
City-State-Zip:	WAUCHULA FL 33871

Title	DIRECTOR
Name	SOSA, DEBORAH
Address	1008 BRIARWOOD DR
City-State-Zip:	WAUCHULA FL 33873

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: SHERRY WHITE**DIRECTOR****03/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date