

**2014 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 THOMPSON, MONTRY  
Address 217 SHORT STREET  
City-State-Zip: WAUCHULA FL 33873

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 D  
Name WHITE, JOHN M  
Address 770 ALTON CARLTON RD  
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 BIRGE, SUE  
Address 630 BRANCH LANE  
City-State-Zip: WAUCHULA FL 33873

Title SECRETARY  
Name POWELL, CONNIE  
Address 263 BOYD COWART RD  
City-State-Zip: WAUCHULA FL 33873

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*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: CONNIE POWELL****SECRETARY****03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           CROSBY, RITA  
Address        P O BOX 1222  
City-State-Zip: FROSTPROOF FL 33843

Title           DIRECTOR  
Name           FAUST, DALE  
Address        1122 JONQUIL AVE  
City-State-Zip: SEBRING FL 33875

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