

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012470

**Entity Name:** EASTMINSTER GLOBAL MISSIONS, INC.**Current Principal Place of Business:**334 SECOND AVENUE  
INDIALANTIC, FL 32903**Current Mailing Address:**P.O. BOX 33473  
INDIALANTIC, FL 32903 US**FEI Number:** 16-1779315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHILLINGER, CHARLES A ESQ.  
1311 BEDFORD DRIVE  
MELBOURNE, FL 32940 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:** CHARLES A. SCHILLINGER, ESQUIRE

01/26/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name DERRICK, MICHAEL  
Address 477 PIRATES MOON COURT  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name HERMANDSDORFER, JOHN  
Address 1861 RIVER SHORE DRIVE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name WALL, KENNETH R  
Address 420 RIO CASA DRIVE SOUTH  
City-State-Zip: INDIALANTIC FL 32903

Title SECRETARY, DIRECTOR  
Name SCHILLINGER, PAMELA  
Address 2102 SIROCO LANE  
City-State-Zip: MELBOURNE FL 32934

Title TREASURER, DIRECTOR  
Name BECKWITH, SANDRA  
Address 334 SECOND AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title PRESIDENT, DIRECTOR  
Name BECKWITH, DAVID  
Address 334 SECOND AVENUE AVENUE  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name STELLAKIS, PATRICIA  
Address 316 SCHOOL ROAD  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR  
Name WHEELER, WINSTON  
Address 434 OAKLAND AVENUE  
City-State-Zip: INDIALANTIC FL 32903

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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:** PAMELA SCHILLINGER**SECRETARY**

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WHEELER, LINDA
Address	434 OAKLAND AVENUE
City-State-Zip:	INDIALANTIC FL 32903