

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013057

Entity Name: CARRIE B BRYANT MINISTRIES, INC**Current Principal Place of Business:**550 ELMCREST PLACE
DEBARY, FL 32713**Current Mailing Address:**550 ELMCREST PLACE
DEBARY, FL 32713**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRYANT, CARRIE B
550 ELMCREST PLACE
DEBARY, FL 32713 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 | BRYANT, CARRIE B |
| Address | 550 ELMCREST PLACE |
| City-State-Zip: | DEBARY FL 32713 |

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|-----------------|--------------------|
| Title | V |
| Name | NATHAN, RONALD |
| Address | 567 ELMCREST PLACE |
| City-State-Zip: | DEBARY FL 32713 |

| | |
|-----------------|--------------------------|
| Title | S |
| Name | DANIEL, JOAN |
| Address | 12660 WILLOW SPRINGS CT. |
| City-State-Zip: | JACKSONVILLE FL 32246 |

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|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | NATHAN, CARMELITA AYANA |
| Address | 913 WHITTINGTON WAY |
| City-State-Zip: | ALPHARETTA GA 30004 |

| | |
|-----------------|------------------|
| Title | DIRECTOR |
| Name | BUIE, CARSANDRA |
| Address | P.O. BOX 2920 |
| City-State-Zip: | SANFORD FL 32772 |

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: CARRIE BRYANT**PRESIDENT****04/06/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date