

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000633

**Entity Name:** GEORGE DAVIS MINISTRIES, INC

**Current Principal Place of Business:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211

**FEI Number:** 20-8412448

**Certificate of Status Desired:** No

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

JORDAN, RANDALL  
8985 LONE STAR ROAD  
JACKSONVILLE, FL 32211 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 DAVIS, GEORGE L  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title VP  
Name DAVIS, APRIL R  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name JORDAN, RANDALL K  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name BLOUIN, DAVID  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name WILSON, THOMAS  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name WILLIAMS, CHRISTOPHER  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

Title TRUSTEE  
Name WILLIAMS, MAURICE  
Address 8985 LONE STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

*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:** RANDALL JORDAN

**SECRETARY**

**02/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date