

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008589

**Entity Name:** SAINT ANDREWS (FC) CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

978 HWY 71 S  
MARIANNA, FL 32446

**Current Mailing Address:**

P. O. BOX 518  
MALONE, FL 32445

**FEI Number: 26-3454596**

**Certificate of Status Desired: Yes**

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

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD  
QUINCY, FL 32352 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 SMITH, VIRGINIA M  
Address 5460 COLLINS CHAPEL ROAD  
City-State-Zip: MALONE FL 32445

Title V  
Name IVEY, BRUCE  
Address 138 GENE WILLIAMS ROAD  
City-State-Zip: QUINCY FL 32351

Title SECRETARY  
Name IVEY, UGREENAL  
Address 138 GENE WILLIAMS RD  
City-State-Zip: QUINCY FL 32351

Title D  
Name ANDREWS, ELDIEST  
Address 3338 VALLEY OAK DRIVE  
City-State-Zip: MARIANNA FL 32446

Title SECRETARY  
Name BLAIR, LATONIA  
Address P. O. BOX 1162  
City-State-Zip: DOTHAN AL 36302

Title OFFICER  
Name BRONSON, ARLEATHA  
Address 426 CIRCLE DR.  
City-State-Zip: QUINCY FL 32351

*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: BRUCE IVEY**

**VP**

**02/04/2023**

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

\_\_\_\_\_  
Date