

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001795

Entity Name: KRISTI OVERTON JOHNSON MINISTRIES, INC.

Current Principal Place of Business:

836 W DESOTO ST
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 120951
CLERMONT, FL 34712-0951 US

FEI Number: 26-4307444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUBA, GIZELLA
535 N POMPEO AVE
CRYSTAL RIVER, FL 34429 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: GIZELLA GUBA

03/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name JOHNSON, KRISTI O
Address P.O. BOX 120951
City-State-Zip: CLERMONT FL 34712-0951

Title DIRECTOR
Name SQUIRES, TED
Address P.O. BOX 120951
City-State-Zip: CLERMONT FL 34712-0951

Title DIRECTOR
Name PRUITT, CLAUDE
Address P.O. BOX 120951
City-State-Zip: CLERMONT FL 34712-0951

Title DIRECTOR
Name CUPELLI, RICHARD
Address 4 WEATHERBY DR
City-State-Zip: GREENVILLE SC 29615

Title DIRECTOR
Name GHILARDUCCI, AUGUSTUS
Address 7731 W SUNSET DR
City-State-Zip: ELMWOOD PARK IL 60707

Title DIRECTOR
Name SAN MIGUEL, DENISE
Address P.O. BOX 120951
City-State-Zip: CLERMONT FL 34712-0951

Title DIRECTOR
Name COX, DANNY
Address P.O. BOX 120951
City-State-Zip: CLERMONT FL 34712-0951

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: KRISTI OVERTON JOHNSON

PRESIDENT

03/02/2021

Electronic Signature of Signing Officer/Director Detail

Date