

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 13, 2014
Secretary of State
CC4427460046

Entity Name: KRISTI OVERTON JOHNSON MINISTRIES, INC.

Current Principal Place of Business:

205 SW MAGNOLIA AVENUE
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

P.O. BOX 968
KEYSTONE HEIGHTS, FL 32656

FEI Number: 26-4307444

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, KRISTI O
213 SE 28TH WAY
MELROSE, FL 32666 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 PRESIDENT, DIRECTOR
Name JOHNSON, KRISTI O
Address 213 SE 28TH WAY
City-State-Zip: MELROSE FL 32666

Title DIRECTOR
Name HAGEMANN, BONNIE
Address 16316 NATION ROAD
City-State-Zip: KEARNEY MO 64060

Title DIRECTOR
Name KYLE, TATE
Address 13542 SUNSET LAKES CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR, VP
Name JOHNSON, TIMOTHY B
Address 213 SE 28TH WAY
City-State-Zip: MELROSE FL 32666

Title DIRECTOR
Name PFEIFFER, CLYDE T
Address 707 NW 13TH STREET
City-State-Zip: GAINESVILLE FL 32601

Title TREASURER
Name HUNT, SUNSHINE
Address P.O. BOX 968
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title DIRECTOR, SECRETARY
Name MCKEAN, JEANNIE
Address 3803 CHASING FALLS RD.
City-State-Zip: ORANGE PARK FL 32068

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

02/13/2014

Electronic Signature of Signing Officer/Director Detail

Date