

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001795

**FILED**  
**Mar 13, 2022**  
**Secretary of State**  
**3851907441CC**

**Entity Name:** KRISTI OVERTON JOHNSON MINISTRIES, INC.

**Current Principal Place of Business:**

333 COLONY BLVD.  
SUITE 147  
THE VILLAGES, FL 32162

**Current Mailing Address:**

PO BOX 2801  
GREENVILLE, NC 27836 US

**FEI Number:** 26-4307444

**Certificate of Status Desired:** No

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

JOHNSON, KRISTI OVERTON PRESIDENT  
333 COLONY BLVD.  
SUITE 147  
THE VILLAGES, FL 32162 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:** KRISTI OVERTON JOHNSON

03/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            JOHNSON, KRISTI OVERTON  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            SQUIRES, TED  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            DRIVER, AARON  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            CUPELLI, RICHARD  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            GHILARDUCCI, AUGUSTUS  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            SAN MIGUEL, DENISE  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

Title            DIRECTOR  
Name            COX, DANNY  
Address        PO BOX 2801  
City-State-Zip: GREENVILLE NC 27836

*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**

03/13/2022

Electronic Signature of Signing Officer/Director Detail

Date