2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001795

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

Name and Address of Current Registered Agent:

PRESTON, WILLIAM T ESQ 605 ORANGE AVE ST NEW SMYRNA BEACH, FL 32168 US

FILED Feb 07, 2023 Secretary of State 3793375838CC

Certificate of Status Desired: No

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

Officer/Director Detail :

Officer/Director Detail :			
Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
Name	JOHNSON, KRISTI OVERTON	Name	SQUIRES, TED
Address	PO BOX 2801	Address	PO BOX 2801
City-State-Zip:	GREENVILLE NC 27836	City-State-Zip:	GREENVILLE NC 27836
Title	DIRECTOR	Title	DIRECTOR
Name	DRIVER, AARON	Name	CUPELLI, RICHARD
Address	PO BOX 2801	Address	PO BOX 2801
City-State-Zip:	GREENVILLE NC 27836	City-State-Zip:	GREENVILLE NC 27836
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR GHILARDUCCI, AUGUSTUS	Title Name	DIRECTOR SAN MIGUEL, DENISE
Name	GHILARDUCCI, AUGUSTUS PO BOX 2801	Name	SAN MIGUEL, DENISE PO BOX 2801
Name Address	GHILARDUCCI, AUGUSTUS PO BOX 2801	Name Address	SAN MIGUEL, DENISE PO BOX 2801
Name Address City-State-Zip:	GHILARDUCCI, AUGUSTUS PO BOX 2801 GREENVILLE NC 27836	Name Address City-State-Zip:	SAN MIGUEL, DENISE PO BOX 2801 GREENVILLE NC 27836
Name Address City-State-Zip: Title	GHILARDUCCI, AUGUSTUS PO BOX 2801 GREENVILLE NC 27836 DIRECTOR	Name Address City-State-Zip: Title	SAN MIGUEL, DENISE PO BOX 2801 GREENVILLE NC 27836 DIRECTOR
Name Address City-State-Zip: Title Name	GHILARDUCCI, AUGUSTUS PO BOX 2801 GREENVILLE NC 27836 DIRECTOR COX, DANNY PO BOX 2801	Name Address City-State-Zip: Title Name Address	SAN MIGUEL, DENISE PO BOX 2801 GREENVILLE NC 27836 DIRECTOR STEINBERG, TILWANDA

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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.

PRESIDENT

02/07/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

TitleDIRECTORNamePRESTON, WILLIAMAddressPO BOX 2801City-State-Zip:GREENVILLE NC 27836