

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011893

**Entity Name:** PACIFIC ISLAND MINISTRIES, INC.

**Current Principal Place of Business:**

3625 E GANDY RD  
BARTOW, FL 33830

**Current Mailing Address:**

3625 E GANDY RD  
BARTOW, FL 33830

**FEI Number:** 27-5083781

**Certificate of Status Desired:** No

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

CLARK, BETTY ANN  
3625 E GANDY RD  
BARTOW, FL 33830 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 DP  
Name CLARK, STEPHEN L  
Address 3625 E GANDY RD  
City-State-Zip: BARTOW FL 33830

Title DVPS  
Name CLARK, SHAWN L  
Address 3625 E GANDY RD  
City-State-Zip: BARTOW FL 33830

Title DT  
Name CLARK, BETTY ANN  
Address 3625 E GANDY RD  
City-State-Zip: BARTOW FL 33830

Title D  
Name CLARK, EDGAR L  
Address 3625 E GANDY RD  
City-State-Zip: BARTOW FL 33830

Title D  
Name CLARK, TIMOTHY C  
Address 900 OLEANDER DR SE  
City-State-Zip: WINTER HAVEN FL 33880

Title D  
Name CONNOR, JEFF  
Address 1835 OVERLOOK DR SE  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name CONNOR, CRAWFORD  
Address 1835 OVERLOOK DRIVE, SE  
City-State-Zip: WINTER HAVEN FL 33884

*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:** BETTY ANN CLARK

D/T

01/19/2015

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

\_\_\_\_\_  
Date