

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008937

**Entity Name:** COUPLES OF PROMISE MINISTRIES OF CENTRAL FLORIDA, INC

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC9982864604**

**Current Principal Place of Business:**

3117 ARCHER AVE  
THE VILLAGES, FL 32162

**Current Mailing Address:**

3117 ARCHER AVE  
THE VILLAGES, FL 32162

**FEI Number: 45-3477284**

**Certificate of Status Desired: Yes**

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

FENTRESS, JAMES TREV.  
3117 ARCHER AVE  
THE VILLAGEA, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FENTRESS, JAMES TREV.  
Address 3117 ARCHER AVE  
City-State-Zip: THE VILLAGE FL 32162

Title S,T  
Name FENTRESS, SANDRA  
Address 3117 ARCHER AVE  
City-State-Zip: THE VILLAGE FL 32612

Title D  
Name POST, ARLYN  
Address 5042 CR 125A  
City-State-Zip: WILDWOOD FL 34785

Title D  
Name CULVER, RONALD  
Address 17450 SE 74TH RAES HALL RD  
City-State-Zip: THE VILLAGES FL 32162

Title D  
Name CULVER, CONNIE  
Address 17450 SE 74TH RAES HALL RD  
City-State-Zip: THE VILLAGES FL 32162

Title D  
Name POST, JACK  
Address 5042 CR 125A  
City-State-Zip: WILDWOOD FL 34785

*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: SANDRA FENTRESS**

**S T**

**03/03/2016**

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

\_\_\_\_\_  
Date