

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011916

Entity Name: TOGETHER FOR CHRIST MINISTRIES INC.**Current Principal Place of Business:**1656 SW APRICOT RD
PORT ST LUCIE, FL 34953**Current Mailing Address:**1656 SW APRICOT RD
PORT ST LUCIE, FL 34953 US**FEI Number:** 80-0880607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALEXANDRE, VOLNE VMR
1656 SW APRICOT RD
PORT ST LUCIE, FL 34953 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	ALEXANDRE, VOLNE
Address	2138 SW IDAHO LN
City-State-Zip:	PORT ST LUCIE FL 34953

Title	VP
Name	MOORE, T. RANDALL RMR.
Address	2166 WATERS RIDGE DR
City-State-Zip:	NEWBURGH IN 47630

Title	SEC.
Name	MICHAEL, MARIE MMRS.
Address	981 SW GENERAL PATTON TER
City-State-Zip:	PORT ST LUCIE FL 24953

Title	TRES
Name	COURSEN, LINDA LMRS
Address	329 SE FISK RD
City-State-Zip:	PORT ST LUCIE FL 34983

Title	COUN
Name	ALEXANDRE, ANTOINETTE
Address	1644 SW LANTERN AVE
City-State-Zip:	PORT ST LUCIE FL 34953

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: VOLNE ALEXANDRE**EXECUTIVE DIRECTOR****09/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date