

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000001065

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC9040373913**

**Entity Name:** TRISH M MINISTRIES INC.

**Current Principal Place of Business:**

5423 MERRITT BROWN RD  
PANAMA CITY, FL 32404

**Current Mailing Address:**

5423 MERRITT BROWN RD  
PANAMA CITY, FL 32404 US

**FEI Number:** 90-0940598

**Certificate of Status Desired:** No

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

MORRISSETTE, DEMETRISH D  
5423 MERRITT BROWN RD  
PANAMA CITY, FL 32404 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 MORRISSETTE, DEMETRISH D  
Address 5423 MERRITT BROWN RD  
City-State-Zip: PANAMA CITY FL 32404

Title VP  
Name MORRISSETTE, DERRICK T  
Address 5423 MERRITT BROWN RD  
City-State-Zip: PANAMA CITY FL 32404

Title S  
Name MATHIS, JOCELYN  
Address 1516 MAINE AVE B103  
City-State-Zip: LYNN HAVEN FL 32444

*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:** DEMETRISH MORRISSETTE

**PRESIDENT**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date