

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13162

**Entity Name:** SIGI AND DAVID OBLANDER MINISTRIES INC.**Current Principal Place of Business:**2662 SPRING CAST DR  
BUFORD, GA 30519**Current Mailing Address:**P O BOX 1894  
BUFORD, GA 30515 US**FEI Number:** 59-2659576**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROZKOWSKI LORA  
7605 SYLVAN DR  
HUDSON, FL 34667 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	PD
Name	OBLANDER, SIEGRID
Address	2662 SPRING CAST DR
City-State-Zip:	BUFORD GA 30519

Title	INT'L VP/TREASURER
Name	OBLANDER, DAVID
Address	2662 SPRING CAST DRIVE
City-State-Zip:	BUFORD GA 30519

Title	DOMESTIC VP
Name	RAGER, BETH
Address	11 STANFORD CT
City-State-Zip:	BILLINGS MT 59102

Title	D/SEC
Name	PREIK, CHRISTEL
Address	229 JARVIS STREET
City-State-Zip:	FORT ERIE ONTARIO L2A 2S7

Title	D
Name	ROZKOWSKI, LORA
Address	7605 SYLVAN DR
City-State-Zip:	HUDSON FL 34667

*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:** DAVID OBLANDER

VICE PRESIDENT

01/18/2018

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