

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000809

Entity Name: FAITH FELLOWSHIP MINISTRIES OF FORT MYERS, INC.**Current Principal Place of Business:**6111 SOUTH POINTE BLVD
FORT MYERS, FL 33919**Current Mailing Address:**6111 SOUTH POINTE BLVD
FORT MYERS, FL 33919**FEI Number:** 46-4711638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANTONUCCI, JOHN
7252 SUGAR PALM CT
FORT MYERS, FL 33966 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	D
Name	ANTONUCCI, SR., JOHN
Address	7252 SUGAR PALM CT.
City-State-Zip:	FORT MYERS FL 33966

Title	D
Name	FORTUNATO, JOSEPH
Address	1415 SWAN LANE
City-State-Zip:	MULLICA HILL NJ 08062

Title	D
Name	JOHNSTON, JAMES
Address	815 E 1ST AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	D
Name	ANTONUCCI, PAM
Address	7252 SUGAR PALM CT.
City-State-Zip:	FORT MYERS FL 33966

Title	D
Name	FORTUNATO, NATALIE
Address	1415 SWAN LANE
City-State-Zip:	MULLICA HILL NJ 08062

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: ANTONUCCI, SR. , JOHN**PRESIDENT****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date