

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001067

**Entity Name:** SHANE PERRY MINISTRIES, INC.**Current Principal Place of Business:**2902 SW BOXWOOD CIRCLE  
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2902 SW BOXWOOD CIRCLE  
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 46-4852620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERRY, LATOIYA A  
2902 SW BOXWOOD CIRCLE  
PORT SAINT 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	PD
Name	PERRY, JEREMY S
Address	8104 KIAWAH TRACE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	VD
Name	PERRY, LATOIYA A
Address	8104 KIAWAH TRACE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	TD
Name	STOUT, PRINCESS A
Address	8104 KIAWAH TRACE
City-State-Zip:	PORT SAINT LUCIE FL 34986

Title	SD
Name	CHIN, ELEANOR
Address	349 NE GULFSTREAM AVE
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	OD
Name	NIEVES, LUIS
Address	2902 SW BOXWOOD CIR
City-State-Zip:	PORT SAINT 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:** LATOIYA STOUT-PERRY

VD

06/17/2015

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