

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005944

**Entity Name:** GREAT FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

189 NORTH MAIN STREET  
CRESTVIEW, FL 32536

**Current Mailing Address:**

712 PALM BLVD  
NICEVILLE , FL 32578 US

**FEI Number:** 47-1369992

**Certificate of Status Desired:** No

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

WRIGHT, ALBERT N  
712 PALM BLVD  
NICEVILLE , FL 32578 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 WRIGHT, ALBERT N  
Address 712 PALM BLVD  
City-State-Zip: NICEVILLE FL 32578

Title VP  
Name WRIGHT, KARECA K  
Address 712 PALM BLVD  
City-State-Zip: NICEVILLE FL 32578

Title ORG  
Name ZOE INTERNATIONAL FOUNDATION,  
LLC.  
Address 189 N MAIN ST  
City-State-Zip: CRESTVIEW FL 32536

Title TR  
Name BEHNKEN, KARIA B  
Address 327 JOHN KING RD  
City-State-Zip: CRESTVIEW FL 32539

*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:** KARECA K WRIGHT

VP

04/28/2021

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

\_\_\_\_\_  
Date