

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000007693

**Entity Name:** CASHMAN AND COMPANY MINISTRIES INCORPORATED

**Current Principal Place of Business:**

1630 ROBERT ST.  
LONGWOOD, FL 32750

**Current Mailing Address:**

1630 ROBERT ST.  
LONGWOOD, FL 32750

**FEI Number:** 47-1890304

**Certificate of Status Desired:** No

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

CASHMAN, BRITNEY  
1630 ROBERT ST.  
LONGWOOD, FL 32750 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           DIRECTOR  
Name           SARGENT, ANDREW DR.  
Address        148 BARROWS ST.  
City-State-Zip: NORTON MA 02766

Title           DIRECTOR  
Name           CASHMAN, BRITNEY  
Address        1630 ROBERT ST.  
City-State-Zip: LONGWOOD FL 32750

Title           SECRETARY  
Name           JOSEPH, DOUG  
Address        232 WHITESAND CT  
City-State-Zip: CASSLEBERRY FL 32707

Title           DIRECTOR  
Name           BRETT, CARNALI  
Address        808 SE CELTIC AVE.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title           PRESIDENT  
Name           CASHMAN, JONATHAN DARIUS  
Address        1630 ROBERT ST.  
City-State-Zip: LONGWOOD FL 32750

*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:** JONATHAN CASHMAN

**PRESIDENT**

**02/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date