

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008109

Entity Name: WHOLENESS TO FREEDOM MINISTRIES, INC**Current Principal Place of Business:**1600 SARNO ROAD
SUITE 12
MELBOURNE, FL 32935**Current Mailing Address:**1600 SARNO ROAD
SUITE 12
MELBOURNE, FL 32935**FEI Number:** 47-1979540**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BEGLEY, JAMES L JR
1600 SARNO ROAD
SUITE 12
MELBOURNE, FL 32935 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/D
Name	BEGLEY, JAMES L JR
Address	111 DEL MAR
City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR
Name	CZARNECKI, TAMMY
Address	321 DEAUVILLE AVE SE
City-State-Zip:	PALM BAY FL 32909
Title	DIRECTOR
Name	WOODFORD, FREDDI
Address	1201 PAWNEE TERRACE
City-State-Zip:	INDIAN HARBOR BEACH FL 32937
Title	DIRECTOR
Name	DEPASTINO, VALERIE
Address	1215 WOOD VALLEY DRIVE
City-State-Zip:	AUGUSTA GA 30909

Title	VP/D
Name	BEGLEY, SUSAN E
Address	111 DEL MAR
City-State-Zip:	INDIALANTIC FL 32903
Title	DIRECTOR
Name	TOWNSEND, SAMUEL W JR.
Address	2519 RIVERVIEW DRIVE
City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR
Name	MCLEAN, CLAY
Address	3123 5TH STREET PLACE NE
City-State-Zip:	HICKORY NC 28601
Title	DIRECTOR
Name	TUCKER, EDWARD L
Address	4213 SUMMIT CREEK BLVD
City-State-Zip:	ORLANDO FL 32837

Continues on page 2

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: JAMES L BEGLEY JR**PRESIDENT****04/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SQUIRE-WIGGINS, BEVERLEY
Address	277 BRECKENRIDGE CIRCLE SE
City-State-Zip:	PALM BAY FL 32909