

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2018
Secretary of State
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Entity Name: CHILDREN'S HEALTH MINISTRIES INCORPORATED

Current Principal Place of Business:

8049 WHITE SANDS BLVD
NAVARRE, FL 32566

Current Mailing Address:

8049 WHITE SANDS BLVD
NAVARRE, FL 32566 US

FEI Number: 47-2143964

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, JUDITH G
8049 WHITE SANDS BLVD
NAVARRE, FL 32566 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 CEO
Name MCROBERTS, STELLA M EXDIR
Address 3170 AIRMAN'S DR, #2160CHM
City-State-Zip: FORT PIERCE FL 34946

Title COO
Name PETERSON, ELIZABETH I OPDIR
Address 3170 AIRMAN'S DR #2160CHM
City-State-Zip: FORT PIERCE FL 34946

Title SECRETARY
Name SMITH, JUDITH G DIRADM
Address 8049 WHITE SANDS BLVD
City-State-Zip: NAVARRE FL 32566

Title OFFICER
Name ISON, DOUGLAS
Address 237 PATRICK MILL
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title PRESIDENT
Name WAGNER, NANCY
Address 8049 WHITE SANDS BLVD
City-State-Zip: NAVARRE FL 32566

Title OFFICER
Name HIDEN, DAVID
Address 8049 WHITE SANDS BLVD
City-State-Zip: NAVARRE FL 32566

Title OFFICER
Name WILKINS, MARY M.D.
Address 8049 WHITE SANDS BLVD
City-State-Zip: NAVARRE FL 32566

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: STELLA M MCROBERTS

CEO

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date