

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

DOCUMENT# N15000001830

**Entity Name:** HAKIMA MINISTRIES, INC.

**Current Principal Place of Business:**

423 EAST BAYOU FOREST DR.  
FREEPORT, FL 32439

**Current Mailing Address:**

423 EAST BAYOU FOREST DR.  
FREEPORT, FL 32439

**FEI Number:** 47-3106599

**Certificate of Status Desired:** No

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

TERRY, ALAN  
165 LEEWARD DR.  
MIRAMAR BEACH, FL 32550 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 D  
Name TERRY, ALAN  
Address 165 LEEWARD DR.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title D  
Name CLEVELAND, KIMBERLY  
Address 423 EAST BAYOU FOREST DR.  
City-State-Zip: FREEPORT FL 32439

Title D  
Name TERRY, MELISSA  
Address 165 LEEWARD DR.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title D  
Name CLEVELAND, RYAN  
Address 423 EAST BAYOU FOREST DR.  
City-State-Zip: FREEPORT FL 32439

Title D  
Name VAGGALIS, STEVE  
Address 122 POINCIANA BLVD.  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** KIMBERLY CLEVELAND

**SECRETARU**

**04/30/2017**

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

\_\_\_\_\_  
Date