

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000004996

Entity Name: MARK 4 MINISTRIES INC

Current Principal Place of Business:

129 BETTY DRIVE
PORT ST. JOE, FL 32456

Current Mailing Address:

PO BOX 995
PORT ST JOE, FL 32457

FEI Number: 45-4699366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRIGHTWELL, STEVEN
129 BETTY DRIVE
PORT ST. JOE, FL 32456 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 GAINNIE, JIM
Address 1905 GARRISON AVE.
City-State-Zip: PORT ST JOE FL 32456

Title D
Name HERRING, MATT
Address 409 NAUTILUS DR
City-State-Zip: PORT ST. JOE FL 32456

Title T
Name DUARTE, ELISEO
Address 517 8TH STREET
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR
Name RAMOS, VICTOR
Address 2682 INDIAN PASS ROAD
City-State-Zip: PORT ST JOE FL 32456

Title DIRECTOR, MINISTRY DIRECTOR
Name BRIGHTWELL, STEVEN G.
Address P. O. BOX 995
City-State-Zip: PORT ST JOE FL 32457

Title DIRECTOR
Name SHEARER, CYRUS
Address 13976 REAL QUITE CT
City-State-Zip: GAINESVILLE FL 20155

Title DIRECTOR
Name BRIGHTWELL, DORIS
Address 129 BETTY DRIVE
City-State-Zip: PORT SAINT JOE FL 32456

Title DIRECTOR
Name STEIN, HEATHER
Address 3675 LOUISVILLE RD
City-State-Zip: BARDSTOWN KY 40004

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: STEVEN BRIGHTWELL

AGENT

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date