

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010284

**Entity Name:** THRIVE MINISTRIES, INC

**Current Principal Place of Business:**

9250 S. CYPRESS CIRCLE  
MIRAMAR, FL 33025

**Current Mailing Address:**

9250 S. CYPRESS CIRCLE  
MIRAMAR, FL 33025

**FEI Number: 81-4220406**

**Certificate of Status Desired: No**

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

RUIZ TAX AND ACCOUNTING SERVICES, INC.  
147 ALHAMBRA CIRCLE  
220  
CORAL GABLES, FL 33134 US

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC0077223212**

*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 JENNINGS, NEALE  
Address 9250 S. CYPRESS CIRCLE  
City-State-Zip: MIRAMAR FL 33025

Title VP  
Name WILSON, JAMES P  
Address 7670 ATLANTA ST.  
City-State-Zip: HOLLYWOOD FL 33024

Title VP  
Name GUTIERREZ, HERNAN  
Address 14011 LAKE CANDLEWOOD CT  
City-State-Zip: MIAMI LAKES FL 33014

*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: NEALE JENNINGS**

**DIRECTOR**

**03/28/2018**

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

\_\_\_\_\_  
Date