

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011023

Entity Name: A WOMAN OF MANY FACES MINISTRY, INC.**Current Principal Place of Business:**3931 NW 183 ST
#402
MIAMI, FL 33055**Current Mailing Address:**P.O. BOX 520333
MIAMI, FL 33152 US**FEI Number: 81-4431497****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PEARSON, MELINDA
14071 SW 49 ST
MIAMI, FL 33027 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 PD
Name PEARSON, MELINDA
Address PO BOX 520333
City-State-Zip: MIAMI FL 33152Title TREASURER
Name ANDERSON, GENIA
Address PO BOX 520333
City-State-Zip: MIAMI FL 33152Title CO-TRUSTEE
Name OLIVER, BARBARA
Address PO BOX 520333
City-State-Zip: MIAMI FL 33152Title VP
Name WALKER, JENNIFER
Address 2281 NW 135TH ST #116
City-State-Zip: MIAMI FL 33167Title PASTOR
Name HUNTER, ALARIC PASTOR
Address P.O. BOX 520333
City-State-Zip: MIAMI FL 33152

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: MELINDA PEARSON**PRESIDENT****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date