

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000003558

Entity Name: THREE NAILS TRANSFORMATION MINISTRIES, INC.**Current Principal Place of Business:**7670 ATLANTA ST.
HOLLYWOOD, FL 33024**Current Mailing Address:**7670 ATLANTA ST.
HOLLYWOOD, FL 33024 US**FEI Number:** 82-1135703**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUIZ TAX AND ACCOUNTING SERVICES, INC.
147 ALHAMBRA CIRCLE SUITE 220
CORAL GABLES, FL 33134 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	DIR
Name	WILSON, JAMES P
Address	7670 ATLANTA ST.
City-State-Zip:	HOLLYWOOD FL 33024

Title	DIR
Name	PERSAUD, JAGDESWAR S
Address	2780 HURON WAY
City-State-Zip:	MIRAMAR FL 33025

Title	DIR
Name	JENNINGS, NEALE B
Address	9250 S. CYPRESS CIRCLE
City-State-Zip:	MIRAMAR FL 33025

Title	DIR
Name	NOLTE, RANDY A
Address	4801 S UNIVERSITY DR. SUITE 300
City-State-Zip:	DAVIE FL 33328

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

Title	DIR
Name	MERCADO, CARLOS L
Address	15430 BROAD BRUSH DRIVE
City-State-Zip:	RUSKIN FL 33573

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: JAMES WILSON**DIRECTOR****05/01/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date