

**2019 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        331 NW 99TH WAY  
City-State-Zip: PEMBROKE PINES FL 33024

*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**

**04/29/2019**

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

\_\_\_\_\_  
Date