

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001033

**Entity Name:** FH MINISTRIES, INC.

**Current Principal Place of Business:**

6909 OLD HWY 441  
SUITE 109  
MT. DORA, FL 32757

**Current Mailing Address:**

6909 OLD HWY 441  
SUITE 109  
MT. DORA, FL 32757 US

**FEI Number:** 83-3479793

**Certificate of Status Desired:** No

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

LAVIGNE, JAMES R ESQUIRE  
AMERICAN LAWYERS INTERNATIONAL, PLLC  
7380 WEST SAND LAKE ROAD, SUITE 395  
ORLANDO, FL 32819 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            PRESIDENT, DIRECTOR  
Name            GENTRY, BILL  
Address        201 WHIPPOORWILL DR.  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title            DIRECTOR  
Name            ELLIS, BOB  
Address        P.O. BOX 160952  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            DIRECTOR  
Name            ELLIS, GLENDA  
Address        P.O. BOX 160952  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title            CFO, SECRETARY, DIRECTOR  
Name            BURT, FREDERICK  
Address        223 VARSITY CIRCLE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            THOMPSON, PAUL DR.  
Address        3835 BRANTLEY PLACE CIRCLE  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            THOMPSON, COLLETTE  
Address        3835 BRANTLEY PLACE CIRCLE  
City-State-Zip: APOPKA FL 32703

Title            DIRECTOR  
Name            PIERRE, ROBERT  
Address        1670 RACHELS RIDGE LOOP  
City-State-Zip: OCOEE FL 34761

Title            DIRECTOR  
Name            PIERRE, ROENA  
Address        1670 RACHELS RIDGE LOOP  
City-State-Zip: OCOEE FL 34761

*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:** BILL GENTRY

**PRESIDENT**

**02/08/2023**

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

\_\_\_\_\_  
Date