

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000004676

**Entity Name:** DWYER MINISTRY, INC.

**Current Principal Place of Business:**

1612 OLD PHILADELPHIA CHURCH RD.  
QUINCY, FL 32352

**Current Mailing Address:**

1612 OLD PHILADELPHIA CHURCH RD.  
QUINCY, FL 32352 US

**FEI Number: 83-4442100**

**Certificate of Status Desired: No**

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

DWYER, HALLIE  
1612 OLD PHILADELPHIA CHURCH RD.  
QUINCY, FL 32352 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 P  
Name DWYER, HALLIE  
Address 1612 OLD PHILADELPHIA CHURCH RD.  
City-State-Zip: QUINCY FL 32352

Title VPS  
Name DWYER, TERESA  
Address 1612 OLD PHILADELPHIA CHURCH RD.  
City-State-Zip: QUINCY FL 32352

Title D  
Name SMITH, LINWOOD  
Address 1490 HIGHWAY 19 S UNIT 210  
City-State-Zip: LEESBURG GA 31763

Title TREASURER  
Name SMITH, LAURIE  
Address 1490 HIGHWAY 19 S UNIT 210  
City-State-Zip: LEESBURG GA 31763

Title D  
Name VAUGHN, WALLY  
Address 340 GREEN SWAMP ROAD  
City-State-Zip: SUMTER SC 29150

*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: HALLIE DWYER**

**PRESIDENT**

**02/28/2024**

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

\_\_\_\_\_  
Date