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

Officer/Director Detail :

Title	Р	Title	т
Name	LINER, ARLENE W	Name	LINER, DAVID
Address	5889 SW 89TH PL	Address	10515 SW. 56TH AVE.
City-State-Zip:	OCALA FL 34476	City-State-Zip:	OCALA FL 34476
Title	PASTOR	Title	DIRECTOR
Title Name	PASTOR CLARK, BEVERLY BEVERLY CLARK	Title Name	DIRECTOR CURINGTON, DAN

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: ARLENE LINER

PRESIDENT

02/06/2024

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: ARLENE LINER TEACHING MINISTRY, INC.

Current Principal Place of Business:

2901 W CYPRESS DR DUNNELLON, FL 34433

Current Mailing Address:

2901 W CYPRESS DR DUNNELLON, FL 34433 US

DOCUMENT# N19000010438

FEI Number: 84-3083009

Name and Address of Current Registered Agent:

LINER, ARLENE W 2901 W CYPRESS DR DUNNELLON, FL 34433 US

FILED Feb 06, 2024 Secretary of State 0861255245CC

Date

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail