

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000540

**Entity Name:** YOUR TINY CHURCH, INC.

**Current Principal Place of Business:**

362 GULF BREEZE PKY., #401  
GULF BREEZE, FL 32561

**Current Mailing Address:**

362 GULF BREEZE PKY., #401  
GULF BREEZE, FL 32561 US

**FEI Number:** 85-2228710

**Certificate of Status Desired:** No

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

TOMMY CARTER  
1269 HOLIDAY DR.  
GULF BREEZE, FL 32563 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 KATHERINE CARTER  
Address 362 GULF BREEZE PKY., #401  
City-State-Zip: GULF BREEZE FL 32561

Title VP  
Name MARTHA ODOM  
Address 362 GULF BREEZE PKY., #401  
City-State-Zip: GULF BREEZE FL 32561

Title VP  
Name SHANNON KIKER  
Address 362 GULF BREEZE PKY., #401  
City-State-Zip: GULF BREEZE FL 32561

Title S  
Name CHERYL MOSLEY  
Address 362 GULF BREEZE PKY., #401  
City-State-Zip: GULF BREEZE FL 32561

Title T  
Name TOMMY CARTER  
Address 362 GULF BREEZE PKY., #401  
City-State-Zip: GULF BREEZE FL 32561

*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:** TOMMY CARTER

**TREASURER**

**02/04/2022**

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

\_\_\_\_\_  
Date