

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

DOCUMENT# N22000005026

**Entity Name:** CHURCH OF GOD FL MINISTRIES INC

**Current Principal Place of Business:**

2729 4TH ST S  
#16  
ST PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 530293  
ST PETERSBURG, FL 33747 US

**FEI Number: 88-3971365**

**Certificate of Status Desired: No**

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

JONES, TORRY H  
2729 4TH ST S  
#16  
ST PETERSBURG, FL 33705 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 JONES, TORRY H  
Address 2729 4TH ST S  
#16  
City-State-Zip: ST PETERSBURG, FL FL 33705

Title VP  
Name JONES, CATRICIA  
Address 2729 4TH ST S  
#16  
City-State-Zip: ST PETERSBURG FL 33705

Title T  
Name STEWART, ASHLEY  
Address 2233 MADACA LN  
APT 212  
City-State-Zip: LAND O LAKES FL 34639

Title S  
Name MITCHELL, FRANCESCA O  
Address 801 NW 1ST STREET  
City-State-Zip: OCALA FL 34475

*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: TORRY JONES**

**PRESIDENT**

**04/30/2023**

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

\_\_\_\_\_  
Date