

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004066

Entity Name: JOHN SHIVER MINISTRIES INC**Current Principal Place of Business:**27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33544**Current Mailing Address:**P.O. BOX 7696
WESLEY CHAPEL, FL 33545**FEI Number:** 59-3396219**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHIVER, JOHN DR.
27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33544 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:** DR. JOHN D SHIVER

02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SHIVER, JOHN DR.
Address	27548 KIRKWOOD CIRCLE
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	VP
Name	SHIVER, EVETTE D
Address	27548 KIRKWOOD CIRCLE
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	T
Name	GAMBLE, MILFORD REV
Address	22537 NANA LOOP
City-State-Zip:	SILVER HILL AL 36576

Title	T
Name	GAMBLE, DORIS
Address	22537 NANA LOOP
City-State-Zip:	SILVER HILL AL 36576

Title	T
Name	JACOBS, ROGER
Address	P.O. BOX 38
City-State-Zip:	BROOKSVILLE FL 34601

Title	T
Name	MURPHY, MELINDA MD
Address	6406 WATKINS AVE.
City-State-Zip:	TAMPA FL 33619

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: JOHN D SHIVER

DR

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date