

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000530642

**Entity Name:** FHG MINISTRIES, LLC**Current Principal Place of Business:**503 EDGEWOOD AVENUE WEST  
JACKSONVILLE, FL 32208**Current Mailing Address:**503 EDGEWOOD AVENUE WEST  
JACKSONVILLE, FL 32208**FEI Number:** 87-4107465**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAGWOOD, TRACY  
503 EDGEWOOD AVENUE WEST  
JACKSONVILLE, FL 32208 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

**Authorized Person(s) Detail :**

Title AMBR  
Name MAGWOOD, TRACY  
Address 503 EDGEWOOD AVENUE WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title AMBR  
Name MAGWOOD, NOEL  
Address 228 DIXIE DRIVE, APT 204  
City-State-Zip: TALLAHASSEE FL 32304

Title AMBR  
Name CODKIND, LATISHA  
Address 4465 E GLACIER PL  
City-State-Zip: CHANDLER AZ 85249

Title AMBR  
Name BROXTON-MONTGOMERY, MONIQUE  
Address 472 BRENTWOOD DRIVE, APT. 1  
City-State-Zip: DAYTONA BEACH FL 32117

Title AMBR  
Name UPDEGROVE, JENNIFER  
Address 6396 MOSSY OAK LANDING  
City-State-Zip: BRASELTON GA 30517

Title AMBR  
Name LYONS, RAYSON  
Address 3930 S ROOSEVELT BLVD W104  
City-State-Zip: KEY WEST FL 33040

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LATISHA CODKIND**DIRECTOR****04/16/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date