

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000044592

**Entity Name:** WOVEN MINISTRY INTERNATIONAL LLC**Current Principal Place of Business:**5826 SW 9TH PLACE  
GAINESVILLE, FL 32607**Current Mailing Address:**5826 SW 9TH PLACE  
GAINESVILLE, FL 32607**FEI Number:** 92-2183042**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LATIMER, MAXINE A  
5826 SW 9TH PLACE  
GAINESVILLE, FL 32607 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	MGR
Name	LATIMER, MAXINE A
Address	5826 SW 9TH PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	SEC
Name	HENDERSON, BURNITA
Address	5010 SW 63RD BLVD
City-State-Zip:	GAINESVILLE FL 32608

Title	BM
Name	ROBERTS, SHERRY A
Address	1135 SE 14TH STREET
City-State-Zip:	GAINESVILLE FL 32641

Title	AUTHORIZED MEMBER
Name	TREMBLE, HARRY J JR.
Address	1850 MAGNOLIA CHURCH RD
City-State-Zip:	STATESBORO GA 30461

*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:** MAXINE LATIMER**MANAGER****01/22/2024**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date