

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000624

Entity Name: INVERSE MINISTRIES, INC.**Current Principal Place of Business:**5333 PLANTATION HOME WAY
PORT ORANGE, FL 32128**Current Mailing Address:**1648 TAYLOR RD.
#607
PORT ORANGE, FL 32128**FEI Number:** 59-3777610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAGG, PENNY A
5333 PLANTATION HOME WAY
PORT ORANGE, FL 32128 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	C
Name	GONCALVES, COLLEEN
Address	1470 PALAZZO LANE
City-State-Zip:	MANTECA CA 95337

Title	VC
Name	ARVIN, BRIAN
Address	110 DANFORTH CT.
City-State-Zip:	DANVILLE CA 94526

Title	D
Name	JONES, SCOTT
Address	P.O. BOX 25
City-State-Zip:	MT. BERRY GA 30149

Title	D
Name	JONES, CATHY
Address	P.O. BOX 25
City-State-Zip:	MT. BERRY GA 30149

Title	D
Name	GONCALVES, DALE
Address	1470 PALAZZO LANE
City-State-Zip:	MANTECA CA 95337

Title	P
Name	BRAGG, CLINTON A.
Address	5333 PLANTATION HOME WAY
City-State-Zip:	PORT ORANGE FL 32128

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: CLINTON A. BRAGG**PRESIDENT****01/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date