City

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: CATHY WELLS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent: WELLS, HAROLD E 5913 SPRUCE DRIVE

Current Principal Place of Business:

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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MISSIONARY FAITH BAPTIST CHURCH, INC.

Officer/Director Detail :

DOCUMENT# 713297

Current Mailing Address: 5913 SPRUCE DRIVE FT PIERCE, FL 34982

FEI Number: 65-0039407

FT PIERCE, FL 34982 US

9695 ANGLE ROAD FT PIERCE, FL 34946

Title	PD	Title	VD
Name	WELLS, HAROLD	Name	WELLS, SCOTT
Address	5913 SPRUCE DRIVE	Address	5014 HICKORY DRIVE
City-State-Zip:	FT PIERCE FL 34982	City-State-Zip:	FT PIERCE FL 34982
Title	SD	Title	TD
Title Name	SD WELLS, CATHY L	Title Name	TD VERNA, MELANIE
	-		

Certificate of Status Desired: No

FILED Mar 24, 2022 Secretary of State 1294385357CC

Date

Date

03/24/2022

SECRETARY