

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737488

**Entity Name:** OLFORD MINISTRIES INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**4000 RIVERDALE RD  
MEMPHIS, TN 38115**Current Mailing Address:**P.O. BOX 383231  
GERMANTOWN, TN 38183-3231 US**FEI Number:** 23-7154628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLALOCK, ROBERT G.  
802 11TH ST. WEST  
BRADENTON, FL 34205 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	T
Name	BAILEY, SCOTT MR.
Address	599 HAWKS PEAK ROAD
City-State-Zip:	COLLIERVILLE TN 38017

Title	VCD
Name	LAMB, JEFFREY MR
Address	2212 CULLEYWOOD ROAD
City-State-Zip:	JACKSON MS 39211

Title	CFO
Name	THOMPSON, WENDELL MR.
Address	1185 CYPRESS WELLS DRIVE
City-State-Zip:	COLLIERVILLE TN 38017

Title	DIRECTOR
Name	OLFORD, JONATHAN DR.
Address	819 EAST KELSO AVENUE
City-State-Zip:	FRESNO CA 93720

Title	P&CD
Name	OLFORD, DAVID L
Address	4000 RIVERDALE ROAD
City-State-Zip:	MEMPHIS TN 38115

Title	DIRECTOR
Name	WHITED, TOMMY NDR
Address	11281 COUNTRY FOREST COVE
City-State-Zip:	COLLIERVILLE TN 38017

Title	DIRECTOR
Name	WILLMORE, ROGER DR.
Address	165 ABILGAIL TRAIL
City-State-Zip:	SPRINGVILLE AL 35146

Title	DIRECTOR
Name	ASHBY, CLAUDE
Address	3247 REMEMBRANCE TRACE
City-State-Zip:	LAWRENCEVILLE GA 30044

**Continues on page 2**

*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: WENDELL THOMPSON****CFO****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               DIRECTOR  
Name               THOMPSON, JAY  
Address            8145 ROSEMONT DRIVE  
City-State-Zip:   OLIVE BRANCH MS 38654

Title               SECRETARY  
Name               ANDERSON, FRANK DR.  
Address            1050 UNION UNIVERSITY DRIVE  
                      422  
City-State-Zip:   JACKSON TN 38305