## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 759805** 

Entity Name: CHARLENE HANNON MINISTRIES, INC

inity Name. Charlene hannon ministries, ii

**Current Principal Place of Business:** 

522 LOIS LANE.

BELLEAIR BLUFFS, FL 33770-1724

**Current Mailing Address:** 

**522 LOIS LANE** 

BELLEAIR BLUFFS. FL 33770-1724 US

FEI Number: 59-2153924 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HANNON, CHARLENE 522 LOIS LANE

BELLEAIR BLUFFS, FL 33770-1724 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: CHARLENE HANNON 03/18/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TD Title PST

Name KING, GAIL Name HANNON, CHARLENE

Address 395 ST. MARKS POND BLVD Address 522 LOIS LANE

City-State-Zip: ST. AUGUSTINE, FL FL 32095 City-State-Zip: BELLEAIR BLUFFS FL 33770

Title V

Name SANDERSON, ROSSCHELLE Address 10401 GREEN LINKS DRIVE

City-State-Zip: TAMPA FL 33626

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: CHARLENE HANNON

Electronic Signature of Signing Officer/Director Detail

PST

03/18/2020

Date

FILED Mar 18, 2020

**Secretary of State** 

4307658259CC

Date