

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759805

**Entity Name:** CHARLENE HANNON MINISTRIES, INC

**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:** No

**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

02/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name KING, GAIL  
Address 395 ST. MARKS POND BLVD  
City-State-Zip: ST. AUGUSTINE, FL FL 32095

Title PST  
Name HANNON, CHARLENE  
Address 522 LOIS LANE  
City-State-Zip: BELLEAIR BLUFFS FL 33770

Title V  
Name SANDERSON, ROSSHELLE  
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

PST

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date