

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004715

Entity Name: QCF MINISTRIES, INC.**Current Principal Place of Business:**3272 NIGHT BREEZE LN
LAKE MARY, FL 32746**Current Mailing Address:**3272 NIGHT BREEZE LN
LAKE MARY, FL 32746**FEI Number:** 59-3656888**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FAISON, QUINTIN C
3272 NIGHT BREEZE LN
LAKE MARY, FL 32746 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	PD
Name	FAISON, QUINTIN C
Address	3272 NIGHT BREEZE LN
City-State-Zip:	LAKE MARY FL 32746

Title	D
Name	FAISON, JONI C
Address	3272 NIGHT BREEZE LN
City-State-Zip:	LAKE MARY FL 32746

Title	D
Name	WILSON, LEONARD J
Address	1612 W. 8TH STREET
City-State-Zip:	SANFORD FL 32771

Title	D
Name	HUDSON, TIMOTHY
Address	660 SUMMERHAVEN DR.
City-State-Zip:	DEBARY FL

Title	DIRECTOR
Name	WADE, QUINTANA R
Address	1421 ALEXINGTON AVE
City-State-Zip:	DELTONA FL 32725

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: QUINTIN FAISON

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail_____
Date