

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005406

Entity Name: BY FAITH EXPERIENCE MINISTRIES CORPORATION**Current Principal Place of Business:**3217 PLATEAU ST
JACKSONVILLE, FL 32206**Current Mailing Address:**3217 PLATEAU ST
JACKSONVILLE, FL 32206**FEI Number: 59-3666438****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**COLEMAN, DORETHA
3313 PHYLLIS STREET
JACKSONVILLE, FL 32205 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 MC GRIFF, CHARLES L
Address 3217 PLATEAU ST.
City-State-Zip: JACKSONVILLE FL 32206

Title TD
Name COLEMAN, LEROY
Address 3313 PHILLIS ST.
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name MCGRIFF, LORRAINE
Address 3217 PLATEAU STREET
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name MCGRIFF, CHADRICK
Address 9751 BRIDEWAY AVE.
City-State-Zip: JACKSONVILLE FL 32222

Title SD
Name MCGRIFF, REBECCA
Address 12450 BISCAYNE BLVD
APT. 105
City-State-Zip: JACKSONVILLE FL 32218

Title VD
Name COLEMAN, DORETHA
Address 3313 PHYLLIS STREET
City-State-Zip: JACKSONVILLE FL 32205

Title D
Name LANCASTER, LOLA
Address 1689 ROWE AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name MURRAY, ROSEMARY
Address 7033 RAPID RIVER DR. WEST
City-State-Zip: JACKSONVILLE FL 32219

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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: CHARLES L. MCGRIFF**PRESIDENT****06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MCGRIFF, COLLIN
Address	2945 NW 6TH TERRACE
City-State-Zip:	JACKSONVILLE FL 32609