

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001440

**Entity Name:** THE CITY MINISTRIES INC.

**Current Principal Place of Business:**

2824 COUNTY ROAD 44A  
WILDWOOD, FL 34785

**Current Mailing Address:**

P.O. BOX 57  
WILDWOOD, FL 34785 US

**FEI Number:** 20-0473620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, TONY LSR.  
7168 COUNTY ROAD 242  
WILDWOOD, FL 34785 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 P  
Name JONES, TONY LSR.  
Address 10175 CR 229  
City-State-Zip: OXFORD FL 34484

Title V  
Name JONES, KIM  
Address 10175 CR 229  
City-State-Zip: OXFORD FL 34484

*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:** TONY L. JONES SR.

**PASTOR**

**01/25/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date