

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008207

**FILED**  
**Mar 22, 2013**  
**Secretary of State**  
**CC3586080822**

**Entity Name:** 2ND MILE MINISTRIES, INC.

**Current Principal Place of Business:**

4003 N. PEARL STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1650 MARGARET ST  
SUITE 302, #339  
JACKSONVILLE, FL 32204 US

**FEI Number:** 73-1715604

**Certificate of Status Desired:** No

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

SCHRIEBER, GLEN ARUTH AR  
1380 SUN MARSH DRIVE  
JACKSONVILLE, FL 32225 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            EX D  
Name            ARNOLD, RUTH  
Address        1443 N. MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title            PRES  
Name            SCHRIEBER, GLEN  
Address        1380 SUN MARSH DRIVE  
City-State-Zip: JACKSONVILLE FL 32225

Title            TREA  
Name            HUTCHERSON, CHARLES  
Address        3899 OLDFIELD ROAD  
City-State-Zip: JACKSONVILLE FL 32233

Title            OFFICER  
Name            ACKLEY, PHIL  
Address        1015 ATLANTIC BLVD  
                  #163  
City-State-Zip: JACKSONVILLE FL 32233

Title            OFFICER  
Name            MITCHELL, TIHESHA  
Address        1730 W. 23RD ST  
City-State-Zip: JACKSONVILLE FL 32209

Title            OFFICER  
Name            PONTIGO, SHANEL  
Address        217 ISLE WAY LANE  
City-State-Zip: JACKSONVILLE FL 32082

Title            OFFICER  
Name            CHARLES, HB  
Address        1118 W BEAVER ST  
City-State-Zip: JACKSONVILLE FL 32204

Title            OFFICER  
Name            FAYE, THOMAS  
Address        4003 N. PEARL ST  
City-State-Zip: JACKSONVILLE FL 32206

**Continues on page 2**

*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:** RUTH ARNOLD

**EXECUTIVE DIRECTOR**

**03/22/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            OFFICER  
Name            KRAUS, CARRIE  
Address        3347 LIGHTHOUSE POINT LANE  
City-State-Zip: JACKSONVILLE BEACH FL 32250