

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

DOCUMENT# N05000003641

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC4600073052**

**Entity Name:** THE FISHERMAN'S MINISTRY, INC.

**Current Principal Place of Business:**

936 NW FALLING CREEK RD  
LAKE CITY, FL 32055

**Current Mailing Address:**

P O BOX 3657  
LAKE CITY, FL 32056

**FEI Number: 87-0744362**

**Certificate of Status Desired: No**

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

HARKEY, BURL D  
936 NW FALLING CREEK RD  
LAKE CITY, FL 32055 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 D  
Name HARKEY, BURL D  
Address 936 NW FALLING CREEK RD  
City-State-Zip: LAKE CITY FL 32055

Title D  
Name HARKEY, LORI A  
Address 936 NW FALLING CREEK RD  
City-State-Zip: LAKE CITY FL 32055

Title D  
Name BROWN, BILL  
Address 8515 SE CR 245  
City-State-Zip: LAKE CITY FL 32025

*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: LORI HARKEY**

**D**

**04/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date