

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009022

**Entity Name:** NEW SEASON APOSTOLIC MINISTRIES INC.

**Current Principal Place of Business:**

7416 E MOHAWK AVE  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 310427  
TAMPA, FL 33680 US

**FEI Number:** 20-3352946

**Certificate of Status Desired:** No

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

WASHINGTON, SAMUEL L SR  
7118 OZELLO TRAIL AVE  
SUN CITY CENTER, FL 33573 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 WASHINGTON, SAMUEL  
Address 7118 OZELLO TRAIL AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title VD  
Name WASHINGTON, YOLANDA  
Address 7118 OZELLO TRAIL AVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title D  
Name MILLS, KETURAH N ED.D  
Address 834 HALL ST.  
City-State-Zip: CLEARWATER FL 33756

Title DEACON  
Name LOUIS, RICHARDSON  
Address 8208 PETERSON RD  
City-State-Zip: ODESSA FL 33556

*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:** SAMUEL L WASHINGTON

**PRESIDENT**

**03/01/2024**

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

\_\_\_\_\_  
Date