## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003584

Entity Name: 6:8 MINISTRIES INC.

**Current Principal Place of Business:** 

205 JOHNS GLEN DRIVE JACKSONVILLE, FL 32259

**Current Mailing Address:** 

PO BOX 2234

PALM CITY. FL 34991 US

FEI Number: 20-8800123 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOULTER, SPENCER 205 JOHNS GLEN DRIVE JACKSONVILLE, FL 32259 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: SPENCER BOULTER 03/06/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title CHAIRMAN

BOULTER, SPENCER K HARDING, MAJOR Name Name

205 JOHNS GLEN DRIVE 1310 CREIGHTON BLUFF LANE Address Address

City-State-Zip: JACKSONVILLE FL 32223 JACKSONVILLE FL 32259 City-State-Zip:

Title **TREASURER** Title VΡ

Name MACFERRAN, DAN Name HOOPER, ROB

Address 34 226TH AVE S Address 313 SUN MARSH COURT

JACKSONVILLE BEACH FL 32250 City-State-Zip: City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR Title **SECRETARY** 

Name QUAGLIATA, DANIEL Name DISSELKOEN, SUSAN

Address 8974 DEXTER PINCKNEY ROAD Address 987 S. DIAMOND RD

City-State-Zip: PINCKNEY MI 48169 City-State-Zip: MASON MI 48854

Title DIRECTOR Title DIRECTOR

WHITE, JIM Name SULLIVAN, PATRICK Name

1224 SPRING BRANCH RD Address 1138 FRUIT COVE RD Address

City-State-Zip: ST. JOHNS FL 32259 ST. JOHNS FL 32259 City-State-Zip:

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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.

03/06/2024 SIGNATURE: SPENCER BOULTER **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Mar 06, 2024

**Secretary of State** 

3188494245CC

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name CHAMBERS, JOSEPH

Address 520 4TH STREET N

City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR
Name PAYNE, TROY

Address 330 8TH AVE NORTH

UNIT 1

City-State-Zip: TIERRA VERDE FL 33715

Title DIRECTOR

Name MALHOTRA, VIN

Address 212 DEER HAVEN DRIVE

City-State-Zip: PONTE VEDRA BEACH FL 32082