

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000970

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC2634927228**

**Entity Name:** SAMUEL L. GREEN, SR. MINISTRIES, INC.

**Current Principal Place of Business:**

17504 DEER ISLE CIR.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

17504 DEER ISLE CIR.  
WINTER GARDEN, FL 34787

**FEI Number: 26-1877640**

**Certificate of Status Desired: Yes**

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

GREEN, SAMUEL LSR.  
17504 DEER ISLE CIR.  
WINTER GARDEN, FL 34787 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 GREEN, SAMUEL LSR  
Address 17504 DEER ISLE CIR.  
City-State-Zip: WINTER GARDEN FL 34787

Title SD  
Name GREEN, ADAM S  
Address 17504 DEER ISLE CIR.  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name GREEN, STEPHEN A  
Address 17504 DEER ISLE CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

*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. GREEN SR.**

**PRESIDENT**

**01/09/2015**

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

\_\_\_\_\_  
Date