

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010520

Entity Name: FILL MY CUP MINISTRIES, INC.

Current Principal Place of Business:

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257

Current Mailing Address:

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257

FEI Number: 94-3454369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, CASSUNDREA L
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL 32257 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 P
Name THOMAS, ISAAC LSR
Address 11051 BARBIZON CIRCLE WEST
City-State-Zip: JACKSONVILLE FL 32257

Title D
Name TAYLOR, SAUNDRETTE
Address 3701 SKYVIEW ROAD
City-State-Zip: MARIANNA FL 32246

Title D
Name DAVIS, DEBORA A
Address 1340 GROTHE STREET
City-State-Zip: JACKSONVILLE FL 32209

Title V
Name THOMAS, CASSUNDREA L
Address 11051 BARBIZON CIRCLE WEST
City-State-Zip: JACKSONVILLE FL 32257

Title S
Name BRYANT, JOSEPHINE
Address 14543 CHERRY LAKE DRIVE EAST
City-State-Zip: JACKSONVILLE FL 32258

Title D
Name LOCKE, LESLIE
Address 5629 PRINCETON PLACE
City-State-Zip: YPSILANTI MI 48197

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: CASSUNDREA L. THOMAS

VICE PRESIDENT

06/02/2017

Electronic Signature of Signing Officer/Director Detail

Date