

2025 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 US**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:** CASSUNDREA L. THOMAS

04/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	THOMAS, ISAAC L SR.
Address	11051 BARBIZON CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32257

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

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

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

Title	DIRECTOR
Name	JONES, VALERIA
Address	2855 IVY HILL DRIVE
City-State-Zip:	BUFORD GA 30519

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

04/27/2025

Electronic Signature of Signing Officer/Director Detail

Date