

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000011149

**FILED**  
**Apr 03, 2020**  
**Secretary of State**  
**7076568598CC**

**Entity Name:** EILEEN FLOYD MINISTRIES, INC.

**Current Principal Place of Business:**

6869 SE MORNINGSDRIVE  
STUART, FL 34997

**Current Mailing Address:**

6869 SE MORNINGSDRIVE  
STUART, FL 34997 US

**FEI Number:** 94-3458847

**Certificate of Status Desired:** No

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

FLOYD, EILEEN J REV  
6869 SE MORNINGSDRIVE  
STUART, FL 34997 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 FLOYD, EILEEN J REV  
Address 6869 SE MORNINGSDRIVE  
City-State-Zip: STUART FL 34997

Title ST  
Name HUBERS, STEVEN B  
Address 2917 QUANTUM LAKES DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title D  
Name WARNER, PENELOPE A  
Address 48 PRAIRIE STREET  
City-State-Zip: CENTER HILL FL 33415

Title DIRECTOR  
Name VREELAND, PAMELA REV.  
Address 224 GILMAN ROAD  
City-State-Zip: MICHIGAN CENTER MI 49254

*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:** EILEEN FLOYD

**PRESIDENT**

**04/03/2020**

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

\_\_\_\_\_  
Date