

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001964

**FILED**  
**Feb 24, 2017**  
**Secretary of State**  
**CC8906270897**

**Entity Name:** SHEDDING OUR SILENCE MINISTRY, INC.

**Current Principal Place of Business:**

9239 JASMINE BLVD  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

9239 JASMINE BLVD.  
NEW PORT RICHEY, FL 34654

**FEI Number: 27-0685973**

**Certificate of Status Desired: No**

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

KESHOCK, ESTELL A  
9239 JASMINE BLVD.  
NEW PORT RICHEY, FL 34654 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 KESHOCK, DONALD C  
Address 9239 JASMINE BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34654

Title VP  
Name BECK, TERESA  
Address 12322 MORGAN ROAD  
City-State-Zip: HUDSON FL 34669

Title S  
Name ESPOSITO, ANDREA R  
Address 6414 RUNNEL DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title T  
Name KESHOCK, ESTELL A  
Address 9239 JASMINE BLVD  
City-State-Zip: NEW PORT RICHEY FL 34654

*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: ESTELL A KESHOCK**

**FOUNDER**

**02/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date