

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000001179

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC6529753673**

**Entity Name:** IRON SHARPENS IRON MINISTRIES, INC.

**Current Principal Place of Business:**

900 26TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

900 26TH STREET  
WEST PALM BEACH, FL 33407

**FEI Number:** 27-2224320

**Certificate of Status Desired:** Yes

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

WINGATE, TIMOTHY LSR.  
900 26TH STREET  
WEST PALM BEACH, FL 33407 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 WINGATE, TIMOTHY LSR  
Address 900 26TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name JENKINS, EMMANUEL  
Address 1233 45TH ST., B1  
City-State-Zip: WEST PALM BCH FL 33407

Title T  
Name DAVIS, ALBERT  
Address 2800 GEORGIA AVE., E1  
City-State-Zip: WEST PALM BCH FL 33405

Title S  
Name FREEMAN, LEROY  
Address 4377 ONEGA CIRCLE  
City-State-Zip: WEST PALM BCH FL 33409

Title M  
Name HIGHTOWER, RANDY  
Address 1591 W. 31ST ST.  
City-State-Zip: RIVIERA BCH FL 33404

*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:** TIMOTHY L. WINGATE, SR.

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date