

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006538

Entity Name: CRASH MOVEMENT MINISTRIES, INC.**Current Principal Place of Business:**347 SW KYLE WAY
LAKE CITY, FL 32025**Current Mailing Address:**347 SW KYLE WAY
LAKE CITY, FL 32025 US**FEI Number:** 27-3031843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, JON C
347 SW KYLE WAY
LAKE CITY, FL 32025 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	D
Name	JACKSON, JON C
Address	347 SW KYLE WAY
City-State-Zip:	LAKE CITY FL 32025

Title	D
Name	JACKSON, DANIELLE V
Address	1701 SAN PABLO ROAD S. APT. # 1223
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	JACKSON, VANESSA W
Address	347 SW KYLE WAY
City-State-Zip:	LAKE CITY FL 32025

Title	D
Name	NAVE, JASON
Address	6965 FELLOWSHIP LANE
City-State-Zip:	FLOWERY BRANCH GA 30542

Title	D
Name	JACKSON, CARTER
Address	1701 SAN PABLO S. APT. # 1223
City-State-Zip:	JACKSONVILLE FL 32224

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: JON C. JACKSON**PRESIDENT****01/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date