

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003404

Entity Name: FLOW MINISTRIES INC.**Current Principal Place of Business:**2118 S.E.. EAST DUNBROOKE CIRCLE
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**2118 S.E. EAST DUNBROOKE CIRCLE
PORT SAINT LUCIE, FL 34952 US**FEI Number:** 27-0844172**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GREEN, SHARON K
2118 S.E. EAST DUNBROOKE CIRCLE
PORT ST. LUCIE, FL 34952 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	GREEN, SHARON
Address	2118 S.E. EAST DUNBROOKE CIRCLE
City-State-Zip:	PORT ST. LUCIE, FL 34952

Title	VP
Name	GREEN, MILTON
Address	2118 S.E. EAST DUNBROOKE CIRCLE
City-State-Zip:	PORT ST. LUCIE, FL 34952

Title	ADMI
Name	ASHLEY, HUBERT
Address	3600 S.E. MARIPOSA AVE.
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	ADMI
Name	BAILEY, AMANDA
Address	777 CORBIN AVE.
City-State-Zip:	MACON GA 31204

Title	ADMI
Name	JOHNSON, DEVONSHAY
Address	P.O. BOX 471
City-State-Zip:	FORT PIERCE FL 34950

Title	ADMI
Name	HENDERSON, TARA
Address	942 S.W. WHITTIER TERRACE
City-State-Zip:	PORT ST. LUCIE FL 34953

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: SHARON GREEN**PRESIDENT****03/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date