

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005041

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**2489972155CC**

**Entity Name:** WISDOM SABBATH MINISTRIES, INTERNATIONAL, INC

**Current Principal Place of Business:**

150 NW 46 AVENUE  
PLANTATION, FL 33317

**Current Mailing Address:**

150 NW 46 AVENUE  
PLANTATION, FL 33317

**FEI Number:** 45-2506345

**Certificate of Status Desired:** Yes

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

WISDOM, AUDLEY  
9431 SANTA ROSA DRIVE  
TAMARAC, FL 33321 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 WISDOM, AUDLEY  
Address 9431 SANTA ROSA DRIVE  
City-State-Zip: TAMARAC FL 33321

Title S  
Name SMITH, GRASFORD  
Address 10635 BUTTONWOOD LAKES DRIVE  
City-State-Zip: BOCA RATON FL 33498

Title T  
Name WISDOM, DAWN M  
Address 9431 SANTA ROSA DRIVE  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name SMITH-BROWN, VANESSA  
Address 303 CRAWFORD ROAD  
City-State-Zip: TOCCOA GA 30577

Title O  
Name CROSS, DAVID  
Address 7390 NW 37 CT  
City-State-Zip: LAUDERHILL FL 33319

Title OFFICER  
Name NARCISSE, CARLO  
Address 1375 NW 67 AVENUE  
City-State-Zip: MARGATE FL 33063

Title OFFICER  
Name CRAWFORD, ALLOGEE  
Address 9451 SANTA ROSA DR.  
City-State-Zip: TAMARAC FL 33321

*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:** AUDLEY WISDOM

**PRESIDENT**

**04/18/2019**

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

\_\_\_\_\_  
Date