

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1300000115

**Entity Name:** LAWRENCE CLIFTON BERRY/S.H.A.D.E. CRUSADE  
OUTREACH MINISTRIES, INC.

**FILED**  
**Mar 04, 2022**  
**Secretary of State**  
**9204540570CC**

**Current Principal Place of Business:**

1245 PALM BAY RD  
APT G 104  
PALM BAY, FL 32905

**Current Mailing Address:**

PO BOX 61927  
PALM BAY, FL 32906 US

**FEI Number: 46-1692839**

**Certificate of Status Desired: Yes**

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

BERRY, LAWRENCE C  
1245 PALM BAY RD  
PALM BAY, FL 32905 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 PD  
Name BERRY, LAWRENCE C  
Address 1245 PALM BAY RD  
City-State-Zip: PALM BAY FL 32905

Title VD  
Name BERRY, ALSEIA R  
Address 1245 PALM BAY RD  
City-State-Zip: PALM BAY FL 32905

Title STD  
Name BERRY, HANNAH E  
Address 1245 PALM BAY RD  
City-State-Zip: PALM BAY FL 32905

*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: EVANGELIST LAWRENCE CLIFTON BERRY**

**PD**

**03/04/2022**

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

\_\_\_\_\_  
Date