

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008860

Entity Name: OBIONE GLOBAL MINISTRIES, INC.**Current Principal Place of Business:**11507 DR. MLK BLVD.
#234
MANGO, FL 33550**Current Mailing Address:**P.O. BOX 234
MANGO, FL 33550-0234 US**FEI Number: 46-3823888****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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	PRESIDENT, CEO
Name	OBI, SHONDA
Address	PO BOX 234
City-State-Zip:	MANGO FL 33550

Title	TRUSTEE, VP
Name	OBI, CELESTINE
Address	PO BOX 234
City-State-Zip:	MANGO FL 33550

Title	TREASURER
Name	HILL, PATRICIA
Address	PO BOX 234
City-State-Zip:	MANGO FL 33550

Title	PASTOR
Name	CARTER, BOB
Address	1708 HARMONY GROVE TRAIL
City-State-Zip:	VALRICO FL 33596

Title	EXECUTIVE DIRECTOR OF EVENT PLANNING & PUBLIC INFORMATION OFFICER
Name	JONES, KEYANNA
Address	2067 CLOVERDALE DRIVE SE
City-State-Zip:	ATLANTA GA 30316

Title	PUBLIC INFORMATION OFFICER
Name	WILSON, MAURICE D SR.
Address	P.O. BOX 234
City-State-Zip:	MANGO FL 33550

Title	SECRETARY, FINANCIAL SECRETARY
Name	RHODES, EMMA
Address	P.O. BOX 234
City-State-Zip:	MANGO FL 33550

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: SHONDA OBI**PRESIDENT****04/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date