

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000003639

Entity Name: LAJUN & VALORA COLE MINISTRIES, INC.**Current Principal Place of Business:**6720 EAST FOWLER AVENUE SUITE 161
TAMPA, FLORIDA, FL 33617**Current Mailing Address:**6720 EAST FOWLER AVE.
SUITE 161
TAMPA, FL 33617 US**FEI Number:** 46-5357864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, LAJUN M SR.
6720 EAST FOWLER AVE.
SUITE 161
TAMPA, FLORIDA, FL 33617 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	PRES
Name	COLE, LAJUN M SR.
Address	6720 EAST FOWLER AVE. SUITE 161
City-State-Zip:	TAMPA FL 33617

Title	VP
Name	SHAW-COLE, VALORA
Address	6720 EAST FOWLER AVE. SUITE 161
City-State-Zip:	TAMA FL 33617

Title	DIR
Name	GONZALEZ, ROBERTO
Address	1335 10TH ST. EAST
City-State-Zip:	PALMETTO FL 34221

Title	DIRECTOR
Name	WILLIAMS , BRIAN DR.
Address	123 WEST SYCAMORE ST
City-State-Zip:	WAYLAND MI 49348

Title	DIRECTOR
Name	MILLER-BOSTON , MICHELLE J. ESQ.
Address	200 . E. RANDOLPH ST SUITE 5100
City-State-Zip:	CHICAGO IL 60601

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: LAJUN COLE**PRESIDENT****04/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date