

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001476

**Entity Name:** CONNECTION MINISTRIES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

17071 NW 23RD STREET  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

17071 NW 23RD STREET  
PEMBROKE PINES, FL 33028

**FEI Number: 46-2494195**

**Certificate of Status Desired: No**

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

CONN, MARK W  
17071 NW 23RD STREET  
PEMBROKE PINES, FL 33028 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 D  
Name CONN, MARK W  
Address 17071 NW 23RD STREET  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name CARASCO, SORAYA  
Address 19421 NW 2ND STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name WOOD, DAVID  
Address 6686 NW 32 STREET  
City-State-Zip: MARGATE FL 33063

Title T  
Name WEHN, TODD  
Address 6661 SEGOVIA CIRCLE NORTH  
City-State-Zip: PEMBROKE PINES FL 33331

*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: MARK W. CONN**

**MANAGING AGENT**

**03/25/2021**

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

\_\_\_\_\_  
Date