

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000009221

**Entity Name:** SALVATION HOSPITAL MINISTRY NETWORK CHURCH, INC.

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**9928506006CC**

**Current Principal Place of Business:**

430 TANGLEWOOD DR.  
FT. WALTON BCH, FL 32547

**Current Mailing Address:**

430 TANGLEWOOD DR.  
FT. WALTON BCH, FL 32547 US

**FEI Number: 81-4010483**

**Certificate of Status Desired: No**

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

ARMSTRONG, LUTHER J  
430 TANGLEWOOD DR.  
FT. WALTON BCH, FL 32547 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, PRESIDENT  
Name ARMSTRONG, LUTHER J  
Address 430 TANGLEWOOD DR.  
City-State-Zip: FT. WALTON BCH. FL 32547

Title SECRETARY  
Name CURTIS, CANDACE  
Address 210 WEST HOLLYWOOD BLVD. STE 137  
City-State-Zip: MARY ESTHER FL 32569

Title OFFICER  
Name KERNION, MARTY  
Address 94 GEORGE ELLIS POINT  
City-State-Zip: FREEPORT FL 32439

Title MEMBER  
Name FOLKS, NADINE  
Address 7538 PEPPERWOOD STREET  
City-State-Zip: NAVARRE FL 32566

Title MEMBER  
Name RENFROE, PAUL  
Address 56 WOODWIND WAY  
City-State-Zip: FREEPORT FL 32439

Title OFFICER  
Name WEATHERSTONE, SHIRLEY  
Address 800 HOLBROOK CIRCLE  
City-State-Zip: FORT WALTON BEACH FL 32547

*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: LUTHER J ARMSTRONG**

**PRESIDENT**

**03/06/2023**

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

\_\_\_\_\_  
Date