

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009221

Entity Name: SALVATION HOSPITAL MINISTRY NETWORK CHURCH, INC.**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 D
Name KERNION, MARTY
Address 94 GEORGE ELLIS POINT
City-State-Zip: FREEPORT FL 32439

Title D
Name KENT, EVETTE
Address 428 WEST LAKEVIEW DR
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name WOODRUM, TIMOTHY
Address 301 CORAL DR
City-State-Zip: FORT WALTON BEACH FL 32548

Title SECRETARY
Name LOVELL, CANDICE
Address P.O. BOX 137
City-State-Zip: MARY ESTHER FL 32569

Title D
Name KENT, DOUGLAS
Address 428 WEST LAKEVIEW DR.
City-State-Zip: WEWAHITCHKA FL 32465

Title D
Name WOODRUM, LISA
Address 301 CORAL DR
City-State-Zip: FT. WALTON BCH. FL 32548

Title BOARD OF DIRECTOR
Name MONTELEONE, DAVID
Address 1070 HWY 2
City-State-Zip: GRACEVILLE FL 32440

Continues on page 2

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****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	BOARD OF DIRECTOR
Name	MONTELEONE, JESSICA DR.
Address	1070 HWY 2
City-State-Zip:	GRACEVILLE FL 32440