

2021 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	MEMBER
Name	WEATHERSTONE, SHIRLEY
Address	800 HOLBROOK CIR
City-State-Zip:	FORT WALTON BEACH FL 32547

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

Title	MEMBER
Name	WEATHERSTONE, ROBERT (BOB)
Address	800 HOLBROOK CIR
City-State-Zip:	FORT WALTON BEACH FL 32547

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

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****02/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date