

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009221

Entity Name: SALVATION HOSPITAL MINISTRY NETWORK CHURCH, INC.

FILED
Mar 07, 2017
Secretary of State
CC1754894462

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

Title D
Name LOVELL, CANDICE
Address 430 TANGLEWOOD DR.
City-State-Zip: FT. WALTON BCH. FL 32547

Title D
Name KERNION, MARTY
Address 430 TANGLEWOOD DR.
City-State-Zip: FT. WALTON BCH. FL 32547

Title D
Name KENT, DOUGLAS
Address 430 TANGLEWOOD DR.
City-State-Zip: FT. WALTON BCH. FL 32547

Title D
Name KENT, EVETTE
Address 430 TANGLEWOOD DR.
City-State-Zip: FT. WALTON BCH. FL 32547

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

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

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date