2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009221

Entity Name: SALVATION HOSPITAL MINISTRY NETWORK CHURCH, INC.

FILED
Apr 05, 2019
Secretary of State
2940821770CC

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:

TitleP, PRESIDENTTitleSECRETARYNameARMSTRONG, LUTHER JNameLOVELL, CANDICEAddress430 TANGLEWOOD DR.AddressP.O. BOX 137

City-State-Zip: FT. WALTON BCH. FL 32547 City-State-Zip: MARY ESTHER FL 32569

Title D Title D

Name KERNION, MARTY Name KENT, DOUGLAS

Address 94 GEORGE ELLIS POINT Address 428 WEST LAKEVIEW DR.

City-State-Zip: FREEPORT FL 32439 City-State-Zip: WEWAHITCHKA FL 32465

Title D Title [

NameKENT, EVETTENameWOODRUM, LISAAddress428 WEST LAKEVIEW DRAddress301 CORAL DR

City-State-Zip: WEWAHITCHKA FL 32465 City-State-Zip: FT. WALTON BCH. FL 32548

Title D

Name WOODRUM, TIMOTHY

Address 301 CORAL DR

City-State-Zip: FORT WALTON BEACH 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: ARMSTRONG, LUTHER J

PRESIDENT

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date