

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18266

Entity Name: MUSTARD SEED MINISTRIES OF FORT PIERCE, INC.**Current Principal Place of Business:**3130 SOUTH U.S. HIGHWAY 1
FT. PIERCE, FL 34982**Current Mailing Address:**P.O. BOX 3612
FORT PIERCE, FL 34948 US**FEI Number:** 65-0017366**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASSENS, STEVE
3130 SOUTH U.S HIGHWAY 1
FT. PIERCE, FL 34982 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:** STEVE CASSENS

01/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	DONOVAN, KATHLEEN
Address	2222 COLONIAL ROAD SUITE 202
City-State-Zip:	FT. PIERCE FL 34950
Title	PRESIDENT
Name	CASSENS, STEVE
Address	P.O. BOX 593
City-State-Zip:	FORT PIERCE FL 34954
Title	DIRECTOR
Name	SUMMERS, JULIE
Address	381 SW RIDGECREST DR.
City-State-Zip:	PORT SAINT LUCIE FL 34953
Title	DIRECTOR
Name	HINES, WILLIAM
Address	3130 SOUTH U.S. HIGHWAY 1
City-State-Zip:	FORT PIERCE FL 34982

Title	TREASURER
Name	URSOLEO, TAMMY
Address	122 GARDEN AVE.
City-State-Zip:	FORT PIERCE FL 34982
Title	SECRETARY
Name	WILLBUR, DAVID G.
Address	3703 TANAGER PL.
City-State-Zip:	FORT PIERCE FL 34982
Title	DIRECTOR
Name	LIDDLE, DAVID
Address	3209 VIRGINIA AVE. ROOM A-150
City-State-Zip:	FORT PIERCE FL 34981

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: STEVE CASSENS

PRESIDENT

01/15/2019

Electronic Signature of Signing Officer/Director Detail

Date