

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000000098

Entity Name: SAME TEAM MINISTRIES, INC.**Current Principal Place of Business:**6108 SUNDAY ROAD
SPRING HILL, FL 34608**Current Mailing Address:**6108 SUNDAY ROAD
SPRING HILL, FL 34608 US**FEI Number:** 82-4503196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELAVILAS, NICKOLAS
6108 SUNDAY ROAD
SPRING HILL, FL 34608 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 | PRES |
| Name | BELAVILAS, NICKOLAS |
| Address | 6108 SUNDAY ROAD |
| City-State-Zip: | SPRING HILL FL 34608 |

| | |
|-----------------|----------------------|
| Title | S,T |
| Name | GROSSI, JOHN M |
| Address | 6123 INDIA DRIVE |
| City-State-Zip: | SPRING HILL FL 34608 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | GOERTZ, GORDON |
| Address | 2236 ARROW AVE |
| City-State-Zip: | SPRING HILL FL 34609 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | MCCORD, AARON |
| Address | 2518 DRURY AVE |
| City-State-Zip: | KANSAS CITY MO 64127 |

| | |
|-----------------|------------------------|
| Title | D |
| Name | ATKINSON, DEREK |
| Address | 466 ALPINE THISTLE DR. |
| City-State-Zip: | BROOKSVILLE FL 34604 |

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: NICKOLAS BELAVILAS**PRESIDENT****04/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date