

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000006008

**Entity Name:** ARCHBISHOP CLARENCE DAVIS MINISTRIES, INC.

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**3060986058CC**

**Current Principal Place of Business:**

1801 ANASTASIA WAY SOUTH  
SAINT PETERSBURG, FL 33712

**Current Mailing Address:**

1801 ANASTASIA WAY SOUTH  
SAINT PETERSBURG, FL 33712 US

**FEI Number: 86-4001992**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DAVIS, CLARENCE E SR.  
1801 ANASTASIA WAY SOUTH  
SAINT PETERSBURG, FL 33712 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  
Name DAVIS, CLARENCE E SR.  
Address 1801 ANASTASIA WAY SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title VP  
Name DAVIS, BYRON K  
Address 1801 ANASTASIA WAY SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title T  
Name WILBURN, JAMESINA  
Address 1801 ANASTASIA WAY SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title D  
Name DAVIS, ADA B  
Address 1801 ANASTASIA WAY SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title D  
Name ALBURY, DAISY  
Address 2410 COVINA WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title S  
Name ROBINSON, CATHERINE  
Address 3374 W HIDDEN HAVEN ST  
City-State-Zip: TAMPA FL 33607

*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: DR CLARENCE E DAVIS**

**PRESIDENT**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date