

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000012571

**Entity Name:** UNFOLDING BLESSINGS, INC.

**Current Principal Place of Business:**

15 SIXTH AVENUE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

15 SIXTH AVENUE  
CRAWFORDVILLE, FL 32327 US

**FEI Number: 87-3344456**

**Certificate of Status Desired: Yes**

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

CEASER, KIMBERLY M  
15 SIXTH AVENUE  
CRAWFORDVILLE, FL 32327 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 CEASER, KIMBERLY M  
Address 15 SIXTH AVENUE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title S  
Name BROWN, ERICA L  
Address 4712 WICKER WAY  
City-State-Zip: MOBILE AL 36609

Title T  
Name PUGH, EDWARD JR  
Address 1105 SOUTHVIEW LANE, SUITE 103-240  
City-State-Zip: TUSCALOOSA AL 35405

Title MBR  
Name CEASER, KIONA M  
Address 6625 SAINT ABERNATHY DRIVE  
City-State-Zip: SE, MABLETON GA 30126

Title MBR  
Name CEASER, KYLA M  
Address 6190 GIRBY ROAD 2424  
City-State-Zip: MOBILE AL 36693

Title MBR  
Name HILL, COREY  
Address 2392 IAN DRVE  
City-State-Zip: TALLAHASSEE FL 32303

*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: KIMBERLY M. CEASER**

**PRESIDENT**

**09/01/2024**

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

\_\_\_\_\_  
Date