

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

DOCUMENT# N44584

**Entity Name:** MORETTI MINISTRIES, INC.

**Current Principal Place of Business:**

1035 BAYSHORE DRIVE  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

1035 BAYSHORE DRIVE  
ENGLEWOOD, FL 34223 US

**FEI Number:** 65-0295256

**Certificate of Status Desired:** No

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

LYONS, WILLIAM K  
825 WRIGHT ST  
ENGLEWOOD, FL 34224 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 DIRECTOR, PRESIDENT  
Name LYONS, WILLIAM K  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name CRAIG, DOUGLAS  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name SMOCK, THOMAS  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title SECRETARY  
Name JORDAN, KRISTEN  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name JORDAN, COLIN  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name CARPENTER, PAUL S  
Address 1035 BAYSHORE DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

*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:** WILLIAM K. LYONS

**PRESIDENT**

**08/14/2024**

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

\_\_\_\_\_  
Date