

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002205

**Entity Name:** FLORINE REESE MINISTRIES, INC.

**Current Principal Place of Business:**

2225 N.W. 19TH ST.  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

2225 N.W. 19TH ST.  
FT. LAUDERDALE, FL 33311

**FEI Number:** 65-0920235

**Certificate of Status Desired:** No

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

REESE, FLORINE  
2225 N.W. 19TH ST.  
FT. LAUDERDALE, FL 33311 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 PD  
Name REESE, FLORINE  
Address 2225 N.W. 19TH ST.  
City-State-Zip: FT. LAUDERDALE FL 33311

Title SD  
Name SCOTT- FISHER, LATANYA  
Address 2225 N.W. 19TH ST.  
City-State-Zip: FT. LAUDERDALE FL 33311

Title TD  
Name SCOTT-FISHER, LATANYA  
Address 2225 N.W. 19TH ST.  
City-State-Zip: FT. LAUDERDALE FL 33311

*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:** FLORINE REESE

PASTOR / PRESIDENT

02/12/2023

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

\_\_\_\_\_  
Date