

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000028197

**Entity Name:** WANDA JONES MINISTRIES, LLC

**Current Principal Place of Business:**

718 BAY VISTA BLVD. S.  
SAINT PETERSBURG, FL 33705

**Current Mailing Address:**

P.O. BOX 35301  
SAINT PETERSBURG, FL 33705

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JONES, WANDA  
718 BAY VISTA BLVD. S.  
SAINT PETERSBURG, FL 33705 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

**Authorized Person(s) Detail :**

Title P  
Name JONES, WANDA  
Address 718 BAY VISTA BLVD. S.  
City-State-Zip: SAINT PETERSBURG FL 33705

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WANDA JONES

P

04/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date