# 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.

PRESIDENT

#### SIGNATURE: CAROL M LIARDON

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# F09000004847

Entity Name: CAROL LIARON MINISTRIES, INC.

#### **Current Principal Place of Business:**

1936 LEE ROAD STE 280 WINTER PARK, FL 32789

#### **Current Mailing Address:**

PO BOX 781888 ORLANDO, FL 32878 US

## FEI Number: 91-2065913

# Name and Address of Current Registered Agent:

LIARDON, CAROL 1936 LEE ROAD STE 280 WINTER PARK, FL 32789 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

## Officer/Director Detail :

Title	Ρ	Title	S
Name	LIARDON, CAROL	Name	LIARDON-GUTHRIE, PRISCILLA
Address	1936 LEE ROAD STE 280	Address	1561 LALIQUE LN
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	ORLANDO FL 32828

e or registered agent, or both, in the State of Florida.

Certificate of Status Desired: No

FILED Feb 19, 2020 Secretary of State 8688928657CC

Date

02/19/2020

Date