

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007308

Entity Name: S4P SYNERGY, INC.

Current Principal Place of Business:

24 BASS AVENUE SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

PO BOX 1626
FT WALTON BEACH, FL 32549

FEI Number: 59-3676322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACK, LIN A
19 DORAL DR.
SHALIMAR, FL 32579 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 TREASURER
Name DONALD, WILLIE JR.
Address 1808 HUNT CLUB STREET
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR
Name MACK, LIN A
Address 19 DORAL DR.
City-State-Zip: SHALIMAR FL 32579

Title VP
Name HILLS, MARVA
Address 726 KAREN AVENUE
City-State-Zip: FORT WALTON BEACH FL 32547

Title SECRETARY, OUTREACH
 COORDINATOR
Name TORRY, YVETTE Y
Address 123 PALMETTO AVE
City-State-Zip: MARY ESTHER FL 32569

Title OTHER, MEMBER
Name MERIWEATHER, STEPHEN
Address 1971 CHESAPEAKE RIDGE
City-State-Zip: FORT WALTON BEACH FL 32547

Title PRESIDENT
Name JESSE, JACKSON
Address 9 11TH STREET
City-State-Zip: SHALIMAR FL 32579

Title PASTOR, ADVISOR
Name BOLDIN, LARRY N
Address 804 FORREST COVE
City-State-Zip: MARY ESTHER FL 32569

Title OTHER, MEMBER
Name BOLDIN, JENETT
Address 804 FORREST COVE
City-State-Zip: MARY ESTHER FL 32569

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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: YVETTE TORRY

OUTREACH
COORDINATOR

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OTHER, MEMBER
Name HUFF, ANGELIA
Address 437 HERITAGE WAY
City-State-Zip: FORT WALTON BEACH FL 32547

Title OTHER, MEMBER
Name JAMES, JIMMY
Address 7152 SNUG WATER RD
City-State-Zip: NAVARRE FL 32566