

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000470

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

**Current Principal Place of Business:**

46 FALLEN OAK LANE  
PALM COAST, FL 32137

**Current Mailing Address:**

46 FALLEN OAK LANE  
PALM COAST, FL 32137 US

**FEI Number:** 26-1758149

**Certificate of Status Desired:** No

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

SALLEE', DONNA R  
46 FALLEN OAK LANE  
PALM COAST, FL 32137 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 P  
Name SALLEE', DONNA R  
Address 46 FALLEN OAK LANE  
City-State-Zip: PALM COAST FL 32137

Title VP  
Name SALLEE', PAUL G  
Address 46 FALLEN OAK LANE  
City-State-Zip: PALM COAST FL 32137

Title SEC/TREAS  
Name SANTANA, CONSUELO  
Address 7 WHITE STAR DRIVE  
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR  
Name MERSCHDORF, LORI  
Address 9701 E HWY 25  
City-State-Zip: BELLEVIEW FL 34420

Title DIRECTOR  
Name REEVES, TARA  
Address 1015 5TH AVE  
City-State-Zip: VENICE CA 90291

*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:** DONNA SALLEE'

**PRESIDENT**

**04/18/2016**

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

\_\_\_\_\_  
Date