

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000470

**FILED**  
**May 04, 2015**  
**Secretary of State**  
**CC7711928169**

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

**Current Principal Place of Business:**

570 MACKENZIE CIRCLE  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

570 MACKENZIE CIRCLE  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 26-1758149

**Certificate of Status Desired:** No

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

SALLEE', DONNA R  
570 MACKENZIE CIRCLE  
ST AUGUSTINE, FL 32092 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 570 MACKENZIE CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name SALLEE', PAUL G  
Address 570 MACKENZIE CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32092

Title SEC  
Name VELAZQUEZ, NAOMI  
Address 3205 E LLOYD ST  
City-State-Zip: INVERNESS FL 34453

Title BOARD MEMBER  
Name REAVES, MYRON F  
Address 4650 LINKS VILLAGE DR.  
UNIT # 0705  
City-State-Zip: PONCE INLET FL 32127

*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 R SALLEE'

**PRESIDENT**

**05/04/2015**

Electronic Signature of Signing Officer/Director Detail

Date