

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002943

**FILED**  
**Feb 17, 2022**  
**Secretary of State**  
**7091783952CC**

**Entity Name:** THE WILL OF THE FATHER FEEDING MISSION, INC.

**Current Principal Place of Business:**

340 WEST 67TH STREET  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

340 WEST 67TH STREET  
JACKSONVILLE, FL 32208 US

**FEI Number: 85-2561702**

**Certificate of Status Desired: No**

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

RIDGEWAY, JANICE I  
340 WEST 67TH STREEET  
JACKSONVILLE, FL 32208 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 RIDGEWAY, JANICE I  
Address 340 WEST 67TH STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name RIDGEWAY, DAVID D  
Address 340 WEST 67TH STREET  
City-State-Zip: JACKSONVILLE FL 32208

Title OFCR  
Name HEATH, MICHELLE A  
Address 3434 FALLON COURT  
City-State-Zip: MIDDLEBURG FL 32068

Title OFCR  
Name KEENON, TARSHA I  
Address 6125 ARDISIA ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32209

Title GENOFFICER  
Name MERCER , GREGORY JR.  
Address 344 W 67TH ST  
City-State-Zip: JACKSONVILLE FL 32208

*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: JANICE RIDGEWAY**

**PRESIDENT**

**02/17/2022**

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

\_\_\_\_\_  
Date