

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006238

**Entity Name:** ACROSS BORDERS MINISTRIES, INC.

**Current Principal Place of Business:**

125 STATE ROAD 7  
SUITE 104-191  
WELLINGTON, FL 33414

**Current Mailing Address:**

125 STATE ROAD 7  
SUITE 104-191  
WELLINGTON, FL 33414 US

**FEI Number:** 27-0436989

**Certificate of Status Desired:** No

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

WILLIAMS, BRAD TRUMAN  
3120 HAMBLIN WAY  
WELLINGTON, FL 33414 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 D  
Name HERRING, EARL TRUMAN JR  
Address 22556 MIDDLETOWN DRIVE  
City-State-Zip: BOCA RATON FL 33428

Title D  
Name WOLCOTT, MARSHALL A  
Address P.O. BOX 3568  
City-State-Zip: LA PINE OR 97739

Title D  
Name COUTINHO CARVALHO MA, LUIS GABRIEL  
Address RUA DAS MANGUEIRAS, N22, KM 17 ITAPUAN  
City-State-Zip: SALVADOR,BAHIZ, BRAZIL 41620

Title D  
Name WILLIAMS, BRAD TRUMAN  
Address 3120 HAMBLIN WAY  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name NELMS, DAVID  
Address 2101 VISTA PARKWAY SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name KAPPAS, GREG PHD  
Address 2641 LIVINGSTON LANE  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name STALLINGS, GEORGE BARRY JR.  
Address P.O. BOX 7236  
City-State-Zip: JUPITER FL 33468

*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:** BRAD TRUMAN WILLIAMS

**PRESIDENT**

**04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date