

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006238

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

**Current Principal Place of Business:**

3120 HAMBLIN WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

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

Title DIRECTOR  
Name NELMS, DAVID  
Address 2627 LEIGHTON RIDGE DR  
SUITE 103-D  
City-State-Zip: WAKE FOREST NC 27587

Title DIRECTOR  
Name KAPPAS, GREG PHD  
Address 24654 N. LAKE PLEASANT PKWY  
103-419  
City-State-Zip: PEORIA AZ 85383

Title DIRECTOR  
Name PADILLA, JUAN  
Address 5723 W. MOORING DRIVE  
City-State-Zip: MCCORDSVILLE, IN 46055

Title DIRECTOR  
Name MCDONALD, THOMAS  
Address 3120 HAMBLIN WAY  
City-State-Zip: WELLINGTON FL 33414

*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**

**03/10/2023**

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

\_\_\_\_\_  
Date