
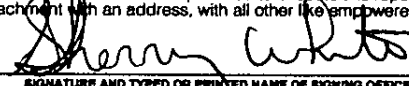


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012006		
1. Entity Name SHERRY WHITE MINISTRIES, INC.		
Principal Place of Business 313 RIVERSIDE DR WAUCHULA, FL 33873		Mailing Address PO BOX 2566 WAUCHULA, FL 33873
DO NOT WRITE IN THIS SPACE		
		03102008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 20-4076755
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WHITE, SHERRY 313 RIVERSIDE DR WAUCHULA, FL 33873		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		UN00000983950 04/17/08-80024-010-61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SHERRY 313 RIVERSIDE DR WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, JOHN M 313 RIVERSIDE DR WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MONTRY 217 SHORT STREET WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, ZELLA H PO BOX 2496 WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, VERNON L PO BOX 2496 WAUCHULA, FL 33873	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4-2-08 863-773-0877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #