

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005792

FILED  
Aug 27, 2012  
Secretary of State

**Entity Name:** SHARING HIS PLAN MINISTRIES, INC.

**Current Principal Place of Business:**

1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** 27-0367240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS, JACQUELINE S  
1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** DAVIS, LEVI JR  
**Address:** 1547 WESTWIND DRIVE  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

**Title:** VPD  
**Name:** DAVIS, JACQUELINE S  
**Address:** 1547 WESTWIND DRIVE  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

**Title:** STD  
**Name:** DAVIS, CARMEN J  
**Address:** 1547 WESTWIND DRIVE  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US

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:** JACQUELINE S DAVIS

VPD

08/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date