

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004066

FILED
Apr 14, 2005
Secretary of State

Entity Name: JOHN SHIVER MINISTRIES INC

Current Principal Place of Business:

27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7696
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 59-3396219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVER, JOHN D REV
27548 KIRKWOOD CIRCLE
WESLEY CHAPEL, FL 33543 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: P () Delete
Name: SHIVER, JOHN D REV.
Address: 27548 KIRKWOOD CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: SHIVER, EVETTE D
Address: 27548 KIRKWOOD CIRCLE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T () Delete
Name: GAMBLE, MILFORD
Address: 2833 -14 PL
City-St-Zip: MERIDIAN, MS 39305

Title: T () Delete
Name: GAMBLE, DORIS
Address: 2833 -14 PL
City-St-Zip: MERIDIAN, MS 39305

Title: T () Delete
Name: RICHARDSON, CLARK
Address: 225 SHIRLEY DR
City-St-Zip: COLUMBUS, MS 39702

Title: T () Delete
Name: JACOBS, ROGER
Address: 704 PONCE DE LEON
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAISH, AJ
Address: 15 PIERCE PLACE
City-St-Zip: SURFSIDE BEACH, SC 29575

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVETTE D. SHIVER

VP

04/14/2005

Electronic Signature of Signing Officer or Director

Date