

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003904

1. Entity Name

SHARING JESUS INTERNATIONAL, INC.

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90309 018 ****61.25

005152



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O NANCY PROULX 3873 S BANANA RIVER BLVD #509 COCOA BEACH FL 32931	C/O NANCY PROULX 3873 S BANANA RIVER BLVD #509 COCOA BEACH FL 32931

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-3518162	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PROULX, NANCY
3873 S BANANA RIVER BLVD #509
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PROULX, NANCY	
STREET ADDRESS	3873 S BANANA RIVER BLVD, STE 509	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, PEGGY	
STREET ADDRESS	310 LINDSEY CT	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOYER, DEBBIE	
STREET ADDRESS	9 S LOOP DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Nancy E. Proulx
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy E. Proulx 4/29/02 321 868 4421

CR2E037 (9/01)