

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **W98000003904**

1. Entity Name

Sharing Jesus International, Inc.

FILED

Jul 07, 2000 8:00 am
Secretary of State

05-30-2000 90103 036 ***61.25

*** New ADDRESS**

Principal Place of Business

Mailing Address

3873 So Banana River Blvd #509
Cocoa Beach FL 32931

307929

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Nancy P. Kramer
3873 So. Banana River Blvd
#509
Cocoa Beach FL 32931

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

Nancy P. Kramer, Director

May 10/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **Trustee** ☒ Delete
NAME **Eli Kramer**
STREET ADDRESS **12 Sloop Dr**
CITY-ST-ZIP **Cocoa Beach 32931**

TITLE **Trustee** ☒ Change ☒ Addition
NAME **Nancy Englehart**
STREET ADDRESS **8401 Atlantic Ave J1**
CITY-ST-ZIP **Cape Canaveral FL 32920**

TITLE **Trustee** ☒ Delete
NAME **Chris Pence**
STREET ADDRESS **Cocoa FL**
CITY-ST-ZIP

TITLE **Trustee** ☒ Change ☒ Addition
NAME **Jebbie Mayer**
STREET ADDRESS **9 Sloop Drive**
CITY-ST-ZIP **Cocoa Beach FL 32931**

TITLE **Director** ☐ Delete
NAME **Nancy P. Kramer**
STREET ADDRESS **3873 S. Banana River Blvd**
CITY-ST-ZIP **Cocoa Beach FL 32931**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Peggy Green**
STREET ADDRESS **3rd Lindsey Ct**
CITY-ST-ZIP **Cape Canaveral FL 32920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 P. Kramer

Nancy P. Kramer

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)