

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005792

**Entity Name:** SHARING HIS PLAN MINISTRIES, INC.**Current Principal Place of Business:**1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250 US**FEI Number:** 27-0367240**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, JACQUELINE S  
1547 WESTWIND DRIVE  
JACKSONVILLE BEACH, FL 32250 US*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:** JACQUELINE S. DAVIS

07/29/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                             |
|-----------------|-----------------------------|
| Title           | PD                          |
| Name            | DAVIS, LEVI JR              |
| Address         | 1547 WESTWIND DRIVE         |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | SD                          |
| Name            | DAVIS, JACQUELINE S         |
| Address         | 1547 WESTWIND DRIVE         |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

|                 |                             |
|-----------------|-----------------------------|
| Title           | TD                          |
| Name            | DAVIS, CARMEN J             |
| Address         | 1547 WESTWIND DRIVE         |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250 |

|                 |                              |
|-----------------|------------------------------|
| Title           | VPD                          |
| Name            | BROWN, ROBERT T              |
| Address         | 8100 NORTH OLD STATE ROAD 37 |
| City-State-Zip: | BLOOMINGTON IN 47408         |

|                 |                              |
|-----------------|------------------------------|
| Title           | OD                           |
| Name            | BURCHELL, MELVIN C           |
| Address         | 124 WEST HENDRON CHAPEL ROAD |
| City-State-Zip: | KNOXVILLE TN 37920           |

*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

SD

07/29/2014

Electronic Signature of Signing Officer/Director Detail

Date