

2016 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:** No**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

06/05/2016

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: LEVI DAVIS JR.**PRESIDENT**

06/05/2016

Electronic Signature of Signing Officer/Director Detail

Date