#### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007185

Entity Name: SHAREJOY MINISTRIES INTERNATIONAL, INC.

FILED
Mar 06, 2017
Secretary of State
CC1561469328

## **Current Principal Place of Business:**

5619 A PEMBROKE RD. HOLLYWOOD, FL 33023

### **Current Mailing Address:**

5619 A PEMBROKE RD. HOLLYWOOD, FL 33023 US

FEI Number: 20-5018136 Certificate of Status Desired: Yes

### Name and Address of Current Registered Agent:

MAXWELL WILSON, ANDRA 5619 A PEMBROKE RD. HOLLYWOOD , FL 33023 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: ANDRA MAXWELL WILSON 03/06/2017

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

| Title           | APOSTLE                 | Title           | ASSOCIATE PASTOR    |
|-----------------|-------------------------|-----------------|---------------------|
| Name            | MAXWELL WILSON, ANDRA W | Name            | WILSON, MELVIN A    |
| Address         | 5619 A PEMBROKE RD.     | Address         | 5619 A PEMBROKE RD. |
| City-State-Zip: | HOLLYWOOD FL 33023      | City-State-Zip: | HOLLYWOOD FL 33023  |

Title EXECUTIVE SECRETARY Title PASTOR

NameLACEY, ARLENE MNameWILLIAMS, CHELSEA AAddress5619 A PEMBROKE RD.Address5619 A PEMBROKE RD.City-State-Zip:HOLLYWOOD FL 33023City-State-Zip:HOLLYWOOD FL 33023

Title PASTOR Title PASTOR

NameWRIGHT, BRIZAN MNameWRIGHT, BAZELLE PAddress5619 A PEMBROKE RD.Address5619 A PEMBROKE RD.City-State-Zip:HOLLYWOOD FL 33023City-State-Zip: HOLLYWOOD FL 33023

Title EVANGELIST Title ASSISTANT PASTOR

Name ESCOFFERY , ROSALEE Name SPENCE , SUSAN C

Address 5619 A PEMBROKE RD. Address 5619 A PEMBROKE RD.

City-State-Zip: HOLLYWOOD FL 33023

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: ANDRA MAXWELL WILSON

**APOSTLE** 

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date