

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007185

**Entity Name:** SHAREJOY MINISTRIES INTERNATIONAL, INC.**Current Principal Place of Business:**18199 SW 54TH STREET  
MIRAMAR, FL 33029**Current Mailing Address:**P.O. BOX 212  
FORT LAUDERDALE, FL 33302 US**FEI Number:** 20-5018136**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAXWELL WILSON, ANDRA  
18199 SW 54TH STREET  
MIRAMAR, FL 33029 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

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	MAXWELL WILSON, ANDRA
Address	18199 SW 54TH STREET
City-State-Zip:	MIRAMAR FL 33029

Title	D
Name	WILSON, MELVIN
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

Title	D
Name	LACEY, ARLENE
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

Title	PASTOR
Name	WILLIAMS, CHELSEA A PASTOR
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

Title	PASTOR
Name	WRIGHT, BRIZAN M PASTOR
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

Title	PASTOR
Name	WRIGHT, BAZELLE P PASTOR
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

Title	CORRESPONDING SECRETARY
Name	ROBINSON-FOREMAN, HEATHER A DR.
Address	18199 SW 54TH ST.
City-State-Zip:	MIRAMAR FL 33029

*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

PASTOR

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date