

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1100000911

**FILED**  
**Apr 20, 2013**  
**Secretary of State**  
**CC8233228907**

**Entity Name:** SHINE NEW LIFE MINISTRIES INCORPORATED

**Current Principal Place of Business:**

905 NORTH 9TH AVENUE  
WAUCHULA, FL 33873

**Current Mailing Address:**

PO BOX 912  
WAUCHULA, FL 33873

**FEI Number:** 45-5483147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, VIRGINIA ANN  
495 RIVER LANE  
WAUCHULA, FL 33873 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JOHNSON, VIRGINIA ANN  
Address 495 RIVER LANE  
City-State-Zip: WAUCHULA FL 33873

Title VPD  
Name WATERS, FAYE  
Address 199 SWEET CIR  
City-State-Zip: WINTER HAVEN FL 33884

Title SD  
Name HAMLIN, ALEXIS  
Address 1360 EAST CLINTON ST  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name TYSON, WANDA S  
Address 1215 W. TURNER ST.  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR  
Name JOHNSON, ELIZABETH A  
Address P. O. BOX 909  
City-State-Zip: WAUCHULA FL 33873

*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:** VIRGINIA ANN JOHNSON

PD

04/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date