

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000423

**Entity Name:** SHARING HOPE EVERLASTING MINISTRIES INC.

**Current Principal Place of Business:**

1532 SW MEDLEY LANE  
PORT ST. LUICE, FL 34953

**Current Mailing Address:**

1532 SW MEDLEY LANE  
PORT ST. LUICE, FL 34953 US

**FEI Number: 45-2996243**

**Certificate of Status Desired: Yes**

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

SASSER, WILLENE  
1532 SW MEDLEY LANE  
PORT ST. LUICE, FL 34953 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 D  
Name SASSER, WILLENE  
Address 1532 SW MEDLEY LANE  
City-State-Zip: PORT ST. LUICE FL 34953

Title D  
Name MILBROOK, LOU H  
Address 2657 ARDWICK DRIVE  
City-State-Zip: HEPHZIBAH GA 30815

Title D  
Name GATHERS, MARTHA  
Address 3065 NW 185TH STREET  
City-State-Zip: MIAMI GARDENS FL 33056

Title D  
Name SPRY, SHATWONA E  
Address P.O. BOX 171885  
City-State-Zip: HIALEAH FL 33017

Title D  
Name SASSER, MARSHA  
Address 19304 NW 48TH AVENUE  
City-State-Zip: MIAMI FL 33055

*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: LOU H. MILBROOK**

**VICE**

**01/25/2022**

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

\_\_\_\_\_  
Date