

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

DOCUMENT# N12000000423

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

**Current Principal Place of Business:**

1716 NW 93RD STREET  
MIAMI, FL 33147

**Current Mailing Address:**

1716 NW 93RD STREET  
MIAMI, FL 33147

**FEI Number:** 45-2996243

**Certificate of Status Desired:** Yes

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

SASSER, WILLENE  
1716 NW 93RD STREET  
MIAMI, FL 33147 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            CEO  
Name            SASSER, WILLENE  
Address        1716 NW 93RD STREET  
City-State-Zip: MIAMI FL 33147

Title            VC  
Name            MILBROOK, LOU H  
Address        2301 SW 106 AVE.  
City-State-Zip: MIRAMAR FL 33025

Title            OFFICER, OF PROGRAMS  
Name            MCBURROWS, TYREASIE  
Address        145 NE 78TH STREET #1001  
City-State-Zip: MIAMI FL 33138

Title            OFFICER, OF COMMUNICATION  
Name            CEPEDES, VALECIA  
Address        2732 SW 7TH STREET  
City-State-Zip: FT.LAUDERDALE FL 33312

Title            OFFICER, ASSISTANCE SECRETARY  
Name            NEAL, PAMALA  
Address        1150 NW 80TH AVE  
City-State-Zip: PEMBROKE PINES FL 33024

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

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

*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:** WILLENE SASSER

**CEO**

**04/10/2013**

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

\_\_\_\_\_  
Date