

2021 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-DIRECTOR****04/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date