

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753158

FILED
Apr 22, 2007
Secretary of State

Entity Name: SHARING HIS LOVE MINISTRIES, INC.

Current Principal Place of Business:

6011 LANDMARK CENTER BLVD
GREENSBORO, NC 27407 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 4242
GREENSBORO, NC 274044242 US

New Mailing Address:

FEI Number: 59-2013488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATERSON, RICK
9775 S.W. 87TH AVE.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MYRICK, SANDRA,
Address: 3705 W. FRIENDLY AVE.
City-St-Zip: GREENSBORO, NC 27410

Title: D () Delete
Name: MYRICK, CHIP E
Address: 16101 DOWLING CT.
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: MYRICK, DONALD E,
Address: 3705 W. FRIENDLY AVE.
City-St-Zip: GREENSBORO, NC 27410

Title: VD () Delete
Name: BARRIER, PAMELA
Address: 7086 COURTLAND DR
City-St-Zip: THOMASVILLE, NC 27360

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BARRIER, PAMELA
Address: 4629 RIVER VALLEY RD
City-St-Zip: HIGH POINT, NC 27265

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD E MYRICK

PD

04/22/2007

Electronic Signature of Signing Officer or Director

Date