

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000862

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** SHIRLEY ARNOLD MINISTRIES, INC.

**Current Principal Place of Business:**

4315 S FLORIDA AVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

3111 US 98 SOUTH  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 91996  
LAKELAND, FL 338041996

**New Mailing Address:**

**FEI Number:** 75-2528992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNOLD, STEVE  
4315 S. FLORIDA AVE  
LAKELAND, FL 33813 US

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

ARNOLD, STEVE  
3111 US 98 SOUTH  
LAKELAND, FL 33813 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:

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: ARNOLD, SHIRLEY  
Address: 3111 US 985  
City-St-Zip: LAKELAND, FL

Title: V ( ) Delete  
Name: ARNOLD, STEVE  
Address: 3111 US 985  
City-St-Zip: LAKELAND, FL

Title: ST ( ) Delete  
Name: MCLAIN, GAIL  
Address: 3111 US 985  
City-St-Zip: LAKELAND, FL

Title: T ( ) Delete  
Name: STRINGER, JANICE  
Address: 3111 US 985  
City-St-Zip: LAKELAND, FL

Title: ADV ( ) Delete  
Name: HARMON, MYRON  
Address: 3111 US 985  
City-St-Zip: LAKELAND, FL

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANICE STRINGER

TRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date