

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State



DOCUMENT # N00000002284
1. Entity Name
SHAMGAR MINISTRIES, INC.

Principal Place of Business 17637 N HWY 329 REDDICK, FL 32686	Mailing Address 17637 N HWY 329 REDDICK, FL 32686
---	---



04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHANDLER, LEROY S
17637 N HWY 329
REDDICK, FL 32686

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Leroy S. Chandler* DATE: April 28, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

U00000346238
04/30/05-800688-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDLER, LEROY S 17637 N HWY 329 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHANDLER, EMMA J 17637 N HWY 329 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, CECELIA 17637 N HWY 329 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHANDLER, LOTTIE M 17637 N HWY 329 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emma J. Chandler* *Emma J. Chandler* 4/28/05 352-591-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #