


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002284 1. Entity Name SHAMGAR MINISTRIES, INC.	
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Principal Place of Business 17637 N HWY 329 REDDICK, FL 32686	Mailing Address 17637 N HWY 329 REDDICK, FL 32686
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04172006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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	

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 05/09/06-80118-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Leroy S. Chandler *Leroy S. Chandler* Date: April 20, 2006 352-591-1530 Daytime Phone #