

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 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



05102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613452	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$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 _____ DATE _____
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 September 14, 2007

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	

U0000078E160
 06/12/07-80004-002 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: Joan S. Chandler Date: May 6, 2007 (352) 591-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #