2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# N02000000980

Entity Name: LION'S SHARE MINISTRIES, INC.

Current Principal Place of Business:

7476 MOBILE HIGHWAY
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

7476 MOBILE HIGHWAY
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 04-3609225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, SHERILYN Y
7476 MOBILE HIGHWAY
PENSACOLA, FL 32526 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: PD ( ) Delete
Name: MILLER, GLENN F
Address: 7476 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32526 US

Title: VD ( ) Delete
Name: KULKIN, SANFORD
Address: 18 SHENANGO ROAD
City-St-Zip: NEWCASTLE, PA 16105

Title: STD ( ) Delete
Name: MILLER, SHERILYN Y
Address: 7476 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32526 US

Title: D ( ) Delete
Name: PRUITT, JEFFERY
Address: 2270 MURPHY WOODS RD.
City-St-Zip: BELOIT, WI 53511 26

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:

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: SHERILYN Y. MILLER STD 01/03/2006

Electronic Signature of Signing Officer or Director — Date