

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90003 041 \*\*\*\*70.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N02000008782</b><br>1. Entity Name<br><b>SHARE THE FRUIT MINISTRIES, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>4230 CALVIN STREET<br/>HASTINGS, FL 32145</b>   |  |   | Mailing Address<br><b>4230 CALVIN STREET<br/>HASTINGS, FL 32145</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |  |  |
| City & State  |  | City & State  |   |  |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>01-0752476</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent   |  |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>PROFFITT, DALE H<br/>4230 CALVIN STREET<br/>HASTINGS, FL 32145</b>   |  |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br><b>PROFFITT, DALE H</b><br><b>4230 CALVIN STREET</b><br><b>HASTINGS, FL 32145</b> <input type="checkbox"/> Delete                        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>MARKEE, JAMES A</b><br><b>3252 CALLE BARCELONA STREET</b><br><b>ST. AUGUSTINE, FL 32086</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br><b>Vickey Sarnowski</b><br><b>5190 Cracker Swamp Rd</b><br><b>Hastings, FL 32145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br><b>PROFFITT, HEATHER C</b><br><b>4350 BENEDICT STREET</b><br><b>HASTINGS, FL 32145</b> <input type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br><b>BRYAN, KATHRYN A</b><br><b>101 SCHOOL ROAD</b><br><b>EAST PALATKA, FL 32131</b> <input checked="" type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | DT<br><b>Susan C. Proffitt</b><br><b>4230 Calvin Street</b><br><b>Hastings, FL 32145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>BRYAN, CHESTER C</b><br><b>101 SCHOOL ROAD</b><br><b>EAST PALATKA, FL 32131</b> <input checked="" type="checkbox"/> Delete             |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | D<br><b>Jesse Proffitt</b><br><b>4350 Benedict Street</b><br><b>Hastings, FL 32145</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE: <u>Heather C. Proffitt</u> <u>Heather C. Proffitt</u> <u>1/9/05</u> <u>386-325-3436</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |  |  |

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