2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2007
Secretary of State

DOCUMENT# N02000008782

Entity Name: SHARE THE FRUIT MINISTRIES, INC.

Current Principal Place of Business:

4230 CALVIN STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

4230 CALVIN STREET
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 01-0752476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PROFFITT, DALE H
4230 CALVIN STREET
HASTINGS, FL 32145 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: PROFFITT, DALE H
Address: 4230 CALVIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Delete
Name: PROFFITT, JESSE
Address: 4350 BENEDICT STREET
City-St-Zip: HASTINGS, FL 32145

Title: DS ( ) Delete
Name: PROFFITT, HEATHER C
Address: 4350 BENEDICT STREET
City-St-Zip: HASTINGS, FL 32145

Title: DT ( ) Delete
Name: PROFFITT, SUSAN C
Address: 4230 CALVIN STREET
City-St-Zip: HASTINGS, FL 32145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: HAMMON, ROBERT
Address: 4630 FLAGLER ESTATES BLVD.
City-St-Zip: HASTINGS, FL 32145

Title: D ( ) Change (X) Addition
Name: HAMMON, TERRI
Address: 4630 FLAGLER ESTATES BLVD.
City-St-Zip: HASTINGS, FL 32145

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: DALE H. PROFFITT PD 03/24/2007
Electronic Signature of Signing Officer or Director — Date