

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008782

FILED  
Feb 14, 2009  
Secretary of State

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

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

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

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

**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: ( ) 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 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

02/14/2009

Electronic Signature of Signing Officer or Director

Date