

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90302 008 \*\*\*\*61.25

**DOCUMENT # N02000009230**

1. Entity Name  
**SHANETTA RODMON'S MINISTRIES INTERNATIONAL, INC.**



Principal Place of Business  
**3780 UNIVERSITY CLUB BLVD #2003  
JACKSONVILLE, FL 32277**

Mailing Address  
**3780 UNIVERSITY CLUB BLVD #2003  
JACKSONVILLE, FL 32277**



2. Principal Place of Business

**5365 South Shields Ave #1**  
Suite, Apt. #, etc.  
**#1**

3. Mailing Address

**1110 Atlantic Blvd #1015**  
Suite, Apt. #, etc.  
**1015**

04162004 Chg-NP CR2E037 (10/03)

City & State

**Chicago Illinois**

Zip  
**60609**

Country

**COOK**

City & State

**Jacksonville FL**

Zip

**32225**

Country

**Dual**

4. FEI Number  
**01-0757075**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RODMAN, SHANETTA  
3780 UNIVERSITY CLUB BLVD #2003  
JACKSONVILLE, FL 32277**

7. Name and Address of New Registered Agent

Name **Tara Travis**

Street Address (P.O. Box Number is Not Acceptable)

**1110 Atlantic Blvd #1015**

City

**Jacksonville**

FL

Zip Code

**32225**

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 **Tara Travis Treasurer / Board member**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-04**

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **RODMAN, SHANETTA**  
STREET ADDRESS **3780 UNIVERSITY CLUB BLVD #2003**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE VD ☐ Delete  
NAME **RODMAN, VERONICA**  
STREET ADDRESS **3780 UNIVERSITY CLUB BLVD #2003**  
CITY-ST-ZIP **JACKSONVILLE, FL 32277**

TITLE SD ☐ Delete  
NAME **COOK, DEBRA**  
STREET ADDRESS **11214 COLDFIELD DR.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE **Treasurer & Board member** ☐ Change ☒ Addition  
NAME **Tara Travis**  
STREET ADDRESS **1110 Atlantic Blvd Apt #1015**  
CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Shanetta Rodmon Shanetta Rodmon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/04 (773) 285-1612**  
Date Daytime Phone #