

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90179 010 \*\*\*\*70.00

DOCUMENT # N02000009230

1. Entity Name  
SHANE'TTA RODMON'S MINISTRIES INTERNATIONAL,  
INC.



Principal Place of Business  
5365 SOUTH SHIELDSILLE # 1  
#1  
CHICAGO, IL 60609

Mailing Address  
11110 ATLANTIC BLVD #1015  
1015  
JACKSONVILLE, FL 32225



2. Principal Place of Business

3. Mailing Address

3780 University Club Blvd  
Suite, Apt. #, etc.  
# 3304

3780 University Club Blvd  
Suite, Apt. #, etc.  
3304

03172005 Chg-NP CR2E037 (10/03)

City & State  
Jacksonville

City & State  
Jacksonville

4. FEI Number  
01-0757075

Applied For  
Not Applicable

Zip Country  
32277 U.S.

Zip Country  
32277 U.S.

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRAVIS, TARA  
11110 ATLANTIC BLVD #1015  
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name Shanetta Rodmon

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

3780 University Club Blvd. #3304

City Jacksonville

FL

Zip Code 32277

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 Shanetta Rodmon

4/4/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

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

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

TITLE T  
NAME TRAVIS, TARA  
STREET ADDRESS 11110 ATLANTIC BLVD APR #1015  
CITY-ST-ZIP JACKSONVILLE, FL 32225 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE Patrice Secretary/Board  
NAME Patrice Miller  
STREET ADDRESS 9115 Little River Dr.  
CITY-ST-ZIP Miami, FL 33147 ☒ Change ☐ Addition

TITLE Saphelia Miller  
NAME Saphelia Miller  
STREET ADDRESS 9115 Little River  
CITY-ST-ZIP Miami, Fla 33147 ☒ Change ☐ Addition

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

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

SIGNATURE: Shanetta Rodmon Shanetta Rodmon 4/15/05 (904) 374-2471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #