2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009423

FILED Feb 09, 2005 Secretary of State

Entity Name: SHEILA J. SPENCER MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 3956 TOWN CENTER BLVD ORLANDO, FL 32837 **Current Mailing Address: New Mailing Address:** 3956 TOWN CENTER BLVD ORLANDO, FL 32837 FEI Number: 56-2349929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPENCER, SHEILA J 2236 DOE CROSSING ORLANDO, FL 32837 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SPENCER, SHEILA J Name: Name: Address: 2236 DOE CROSSING Address: ORLANDO, FL 32837 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAVIS, TEMEKA L Name: Address: 10131 W SUNRISE BLVD Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: Title: () Delete Title: () Change () Addition SHEPARD, KELLEY Name: Name: 3621 CHATWICK LANE Address: Address: City-St-Zip: DAVENTONPORT, FL 33837 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MILLER, DANIELLE Name: 221 BURGOYNE LOOP Address: Address: City-St-Zip: DAVENPORT, FL 33879 City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, JAMES W III Name: Name: 221 BURGOYNE LOOP Address: Address: City-St-Zip: DAVENPORT, FL 33879 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHEILA J. SPENCER T 02/09/2005