


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009655 1. Entity Name SHAY - JOHN MINISTRIES, INC	
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Principal Place of Business 1125 MARSHALL ST. CLEARWATER, FL 33765	Mailing Address 1125 MARSHALL ST. CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0797189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, SHARON F 3204 BRIGADOON DR. CLEARWATER, FL 33759
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, SHARON F 3204 BRIGADOON DR. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PITTMAN, SHERILLA 1226 S. MISSOURI #1016 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROOKS-FLOWERS, LAYTECIA 1401 DEBEERS DR., #8 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KILPATRICK, FREDDIE M 1125 MARSHALL STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/19/06-80028-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Sharon F. Johnson 4/30/06 727 442 9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #