2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# N03000008442

Entity Name: SHARPES COMMUNITY OUTREACH MINISTRIES, INC

Current Principal Place of Business:

4115 DEVOE AVENUE
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

P O BOX # 201
SHARPES, FL 32959 US

New Mailing Address:

FEI Number: 20-0266448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, MOSE JR.
3425 BRYCE ST
COCOA, FL 32926 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: P ( ) Delete
Name: SMITH, MOSE JR.
Address: 3425 BRYCE ST
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete
Name: SMITH, MAXINE Y
Address: 3425 BRYCE ST
City-St-Zip: COCOA, FL 32926

Title: S ( ) Delete
Name: GARRETT, MARY F
Address: 2600 CLEARLAKE ROAD #14B
City-St-Zip: COCOA, FL 32922

Title: T ( ) Delete
Name: HENRY-FOX, BRENDA
Address: P O BOX #4
City-St-Zip: SHARPES, FL 32959

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:

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: MOSE SMITH, JR P 09/04/2007
Electronic Signature of Signing Officer or Director — Date