

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90143 024 ****61.25

DOCUMENT # N04000005544

1. Entity Name
SHIFT MINISTRIES INC.



Principal Place of Business
PO BOX 392
LIVE OAK FL 32064

Mailing Address
PO BOX 392
LIVE OAK FL 32064

2. Principal Place of Business

PO Box 392
Suite, Apt. #, etc.

3. Mailing Address

PO Box 392
Suite, Apt. #, etc.



02232005 Chg-NP CR2E037 (10/03)

City & State

Live oak FL

City & State

Live oak FL

4. FEI Number

42-1611869

Applied For

Not Applicable

Zip Country
32064 Suwannee

Zip Country
32064 Suwannee

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

6. Name and Address of Current Registered Agent

ROBINSON, VICTOR
718 SUWANEE AVE
LIVE OAK, FL 32064

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/05

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 D ☐ Delete
NAME POSTON, SHANE
STREET ADDRESS PO BOX 392
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE D ☐ Delete
NAME ROBINSON, HEATHER
STREET ADDRESS 718 SUWANEE AVE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE D ☐ Delete
NAME ROBINSON, VICTOR
STREET ADDRESS 718 SUWANEE AVE
CITY-ST-ZIP LIVE OAK, FL 32064

TITLE O ☐ Delete
NAME ROBERTS, SHAWN
STREET ADDRESS 112 SE HANCOCK ST
CITY-ST-ZIP STUART, FL 34994

TITLE O ☐ Delete
NAME LEWIS, LAUREN
STREET ADDRESS 1 PUTTER LANE
CITY-ST-ZIP PALATKA, FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05 386-208-4192
Date Daytime Phone #