2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006732

FILED Jan 11, 2009 Secretary of State

Entity Name: SHARING TABERNACLE OF PRAISE MINISTRIES, INC.

New Principal Place of Business: Current Principal Place of Business: 437 NW 9 AVE #1 FT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 437 NW 9 AVE #1 FT LAUDERDALE, FL 33311 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLAMS, TARICA N WILLAMS, TANICA N 3452 NORTH WEST 39 AVENUE 3452 NORTH WEST 39 AVENUE US FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 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: TANICA N WILLIAMS 01/11/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARDY, EARNESTINE Name: Name: 437 NW 9 AVE #1 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WALKER, BRIAN Name: Address: 801 N.W 49TH AVE Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, TARICA N Name: WILLIAMS, TANICA N Name: 3432 NW 39 AVE 3432 NW 39 AVE Address: Address: City-St-Zip: LAUDER LAKES, FL 33309 City-St-Zip: LAUDER LAKES, FL 33309 Title: (X) Delete Title: () Change () Addition Name: HARDY, JOSEPH Name: Address: 437 NW 9 AVE II Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: Title: (X) Delete () Change () Addition HARDY, EARNESTINE Name: Name: 437 NW 9 AVE II Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change (X) Addition JOHNSON, DANIEL JR Name: Name: Address: Address: 3050 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 City-St-Zip: 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: EARNESTINE HARDY P 01/11/2009