

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/22/2005-90019-033-\$61.25-\$61.25

05 Rev

1/2

DOCUMENT # N04000010007

1. Entity Name
KENT M. SHAW MINISTRIES, INC.



Principal Place of Business
POST OFFICE BOX 260958
PEMBROKE PINES, FL 33026

Mailing Address
POST OFFICE BOX 260958
PEMBROKE PINES, FL 33026

FILED

05 DEC - 5 AM 9:54

DEPARTMENT OF STATE
FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3788995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, KENT M
16245 SW 18TH STREET
MIRAMAR, FL 33027

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 reappointing)

DATE

Filing Fee is \$61.25
Due by September 7, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAW, KENT M
16245 SW 18TH STREET
MIRAMAR, FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAW, DAPHNE M
16245 SW 18TH STREET
MIRAMAR, FL 33027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANIELS, ALFRED D
1286 FISHERMAN STREET
OPA-LOCKA, FL 33054

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHEATHAM, BETTY M
182 REDBUD DRIVE
N. AUGUSTA, SC 38860

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOWERS, DORENE P
4501 SW 25TH ST
HOLLYWOOD, FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PUGH, TERRY L
1114 ELM STREET
FERNANDINA BEACH, FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

9/23/05 (954) 557-4813

* Rejected in error - 9/28 for re-filing.



A handwritten signature or set of initials, possibly "KMS", written in dark ink.

September 23, 2005

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL. 32314

Dear Sir/ Madam,

Enclosed is the signed copy of our annual report. I apologize for the oversight on our behalf I hope this will rectify the problem. If any other information is needed please inform me as soon as possible.

Again I do apologize for the oversight.

Peace,

A handwritten signature in dark ink, which appears to read "Pastor Kent Michael Shaw".

Pastor Kent Michael Shaw