

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010007

FILED
Apr 19, 2006
Secretary of State

Entity Name: KENT MICHAEL SHAW MINISTRIES, INC.

Current Principal Place of Business:

POST OFFICE BOX 260958
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 260958
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-3788995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, KENT M
16245 SW 18TH STREET
MIRAMAR, FL 33027 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: D () Delete
Name: SHAW, KENT M
Address: 16245 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: SHAW, DAPHNE M
Address: 16245 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: DANIELS, ALFRED D
Address: 1266 FISHERMAN STREET
City-St-Zip: OPA-LOCKA, FL 33054

Title: D () Delete
Name: CHEATHAM, BETTY M
Address: 162 REDBUD DRIVE
City-St-Zip: N. AUGUSTA, SC 38860

Title: D () Delete
Name: BOWERS, DORENE P
Address: 4501 SW 25TH ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: PUGH, TERRY L
Address: 1114 ELM STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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
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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 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: DORENE P. BOWERS

D

04/19/2006

Electronic Signature of Signing Officer or Director

Date