# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 20, 2006**
**Secretary of State**

DOCUMENT# N05000000673

**Entity Name:** SHEENA SEYMOUR MINISTRIES, INC.

**Current Principal Place of Business:**

10031 FACET CT
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

10031 FACET CT
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number: 73-1732044** **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:**

SEYMOUR, SHEENA
10031 FACET CT
ORLANDO, FL 32836 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: | SEYMOUR, SHEENA | |
| Address: | 10031 FACET CT | |
| City-St-Zip: | ORLANDO, FL 32836 | |
| Title: | VAS | ( ) Delete |
| Name: | SEYMOUR, SELENA B | |
| Address: | 10031 FACET CT | |
| City-St-Zip: | ORLANDO, FL 32836 | |
| Title: | TS | ( ) Delete |
| Name: | SEYMOUR, COURTNEY A | |
| Address: | 10031 FACET CT | |
| City-St-Zip: | ORLANDO, FL 32836 | |
| Title: | D | ( ) Delete |
| Name: | SMITH, DEBORAH A | |
| Address: | 3146 SPLIT WILLOW DR | |
| City-St-Zip: | ORLANDO, FL 32802 | |
| Title: | D | ( ) Delete |
| Name: | MILLER, ROSALIND | |
| Address: | 428 APOPKA HILLS CIRCLE | |
| City-St-Zip: | APOPKA, FL 32703 | |
| Title: | D | ( ) Delete |
| Name: | CARSON, BOBBIE | |
| Address: | 5554 BLUE TICK | |
| City-St-Zip: | ORLANDO, FL 32810 | |

**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: | |
| 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: SHEENA SEYMOUR PRES 05/20/2006
Electronic Signature of Signing Officer or Director — Date