

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000673

FILED  
Jul 03, 2007  
Secretary of State

**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 ( )**  
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 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

P

07/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date