

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011026

FILED
Feb 10, 2006
Secretary of State

Entity Name: DARE2SHINE MINISTRIES, INC.

Current Principal Place of Business:

2260 ELDERBERRY CT
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2260 ELDERBERRY CT
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 56-2541664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENTISTE, SOPHIA
2260 ELDERBERRY CT
ORANGE PARK, FL 32073 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: DENTISTE, SOPHIA
Address: 2260 ELDERBERRY CT
City-St-Zip: ORANGE PARK, FL 32073

Title: V () Delete
Name: DENTISTE, ROBERT
Address: 2260 ELDERBERRY CT
City-St-Zip: ORANGE PARK, FL 32073

Title: T () Delete
Name: CAIN, SHELLEY
Address: 11517 BEACON DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: ZECHER, PAIGE
Address: 3992 E. COUNTY ROAD 16A
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

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: ROBERT DENTISTE

V

02/10/2006

Electronic Signature of Signing Officer or Director

Date