

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011026

FILED  
Apr 27, 2007  
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:

DENTISTE, SOPHIA F MRS  
2260 ELDERBERRY CT  
ORANGE PARK, FL 32073 US

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: SOPHIA F DENTISTE

04/27/2007

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

Title: S (X) 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: P (X) Change ( ) Addition  
Name: DENTISTE, SOPHIA F MRS  
Address: 2260 ELDERBERRY CT  
City-St-Zip: ORANGE PARK, FL 32073

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: SOPHIA F DENTISTE

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date