2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011894

Entity Name: SHARNELL JACKSON MINISTRIES, INC.

FILED May 13, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

16221 NW 19TH AVENUE 2701 RIVERSIDE DR. #209
OPA LOCKA, FL 33054 CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

16221 NW 19TH AVENUE 2701 RIVERSIDE DR. #209 OPA LOCKA, FL 33054 CORAL SPRINGS, FL 33065

FEI Number: 20-3090882 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: Name and Address of New Registered Agent:

JACKSON, SHARNELL

16221 NW 19TH AVENUE

OPA LOCKA, FL 33054 US

JACKSON, SHARNELL

2701 RIVERSIDE DR. #209

CORAL SPRINGS, FL 33065 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: SHARNELL JACKSON 05/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PD () Delete Title: PD (X) Change () Addition Name: JACKSON, SHARNELL Name: JACKSON, SHARNELL Address: 16221 NW 19TH AVENUE Address: 2701 RIVERSIDE DR. #209

City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: CORAL SPRINGS, FL 33065

 Title:
 VD
 () Delete
 Title:

 Name:
 JAMES, COYLETTE
 Name:

 Address:
 1710 STONEHAVEN DRIVE #1710-3
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33436
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MCCLARY, YVONNE
 Name:

 Address:
 2830 SOMERSET DRIVE APT 309
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33311
 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: SHARNELL JACKSON MS. 05/13/2008