

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012919

FILED
May 25, 2009
Secretary of State

Entity Name: SHALOM WORLDWIDE HEALING AND OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

1950 PAINE AVE
SUITE 32
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1950 PAINE AVE
SUITE 32
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 20-5944396 **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:

TAYLOR, RUSSELL
1950 PAINE AVE #32
JACKSONVILLE, FL 32211 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,F () Delete
Name: TAYLOR, RUSSELL
Address: 1950 PAINE AVE #32
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: RAMSEY, SHAMANDA
Address: 5703 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: KELLEY, SAMUEL
Address: 5600 CARMICHAEL ROAD #1801
City-St-Zip: MONTGOMERY, AL 36117

Title: C,S () Delete
Name: TAYLOR, SHEILA A
Address: 1950 PAINE AVE #32
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: ARTIS, LATONIA
Address: 6730 W 5TH ST
City-St-Zip: JACKSONVILLE, FL 32254

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:

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: SHEILA TAYLOR

C, S

05/25/2009

Electronic Signature of Signing Officer or Director

Date