

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008137

FILED  
Jul 25, 2009  
Secretary of State

Entity Name: SHINE MINISTRIES, INC.

## Current Principal Place of Business:

2710 NW 48TH STREET  
TAMARAC, FL 33309

## New Principal Place of Business:

2501 NE 30TH STREET  
FORT LAUDERDALE, FL 33306

## Current Mailing Address:

2710 NW 48TH STREET  
TAMARAC, FL 33309

## New Mailing Address:

PO BOX 5384  
LIGHTHOUSE POINT, FL 33074

FEI Number: 26-0721519      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:

OWEN, JAYESON B  
2710 NW 48TH STREET  
TAMARAC, FL 33309      US

## Name and Address of New Registered Agent:

OWEN, JAYESON B  
6703 BAYFRONT DRIVE  
MARGATE, FL 33063      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: \_\_\_\_\_

07/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: OWEN, JAYESON B  
Address: 2710 NW 48TH STREET  
City-St-Zip: TAMARAC, FL 33309

Title: CVD      ( ) Delete  
Name: BAILEY, CHRISTOPHER M  
Address: 2710 NW 48TH STREET  
City-St-Zip: TAMARAC, FL 33309

Title: SD      ( ) Delete  
Name: LUGO, MICHELLE  
Address: 1172 NW 184 WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD      ( ) Delete  
Name: SANCHEZ, ELAINE  
Address: 1172 NW 184TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD      ( ) Delete  
Name: HENRY, TIMOTHY S II  
Address: P.O. BOX 156  
City-St-Zip: DEERFIELD BEACH, FL 33443

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: OWEN, JAYESON B  
Address: 6703 BAYFRONT DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: CVD      (X) Change ( ) Addition  
Name: BAILEY, CHRISTOPHER M  
Address: 6703 BAYFRONT DRIVE  
City-St-Zip: MARGATE, FL 33063

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: CHRISTOPHER M. BAILEY

MD

07/25/2009

Electronic Signature of Signing Officer or Director

Date