

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011486

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** THE MINISTRIES OF SHARON'S ROSE, INCORPORATED

**Current Principal Place of Business:**

112 SOUTH LAS OLAS DRIVE  
JENSEN BCH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

112 SOUTH LAS OLAS DRIVE  
JENSEN BCH, FL 34957

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, SHARON  
112 SOUTH LAS OLAS DRIVE  
JENSEN BCH, FL 34957 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: CD  
Name: THOMPSON, SHARON  
Address: 112 SOUTH LAS OLAS DRIVE  
City-St-Zip: JENSEN BCH, FL 34957

Title: PD  
Name: BECKMAN, CHRISTOPHER  
Address: 112 SOUTH LAS OLAS DRIVE  
City-St-Zip: JENSEN BCH, FL 34957

Title: STD  
Name: AIELLO, LISA  
Address: 114 DELGOTTO DRIVE  
City-St-Zip: FT PIERCE, FL 34947

I hereby 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 all other like empowered.

SIGNATURE: SHARON THOMPSON

CD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date