

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90094 039 \*\*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N07288</b><br>1. Entity Name<br><b>ROSE OF SHARON MINISTRIES, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>285 NW 199 STREET<br/>MIRAMAR, FL 33169 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                     | Mailing Address<br><b>11020 PEMBROKE ROAD #189<br/>MIRAMAR, FL 33025</b>                                                                                             |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br><b>6515 Taft Street</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| City & State<br><b>Hollywood, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | City & State<br>City & State                                                        |                                                                                                                                                                      | 4. FEI Number<br><b>59-2492742</b>                                                                                                                                                                                                    |  |
| Zip<br><b>33024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | Country<br><b>U.S.A.</b>                                                            |                                                                                                                                                                      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAIRSTON, ELIZABETH<br/>10717 S. PRESERVE WAY, #308, BLDG. 3<br/>MIRAMAR, FL 33025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                     |                                                                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when completing)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                      | \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                        |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VPD<br>EVANS, CHARLOTTE E <input type="checkbox"/> Delete<br>10717 S. PRESERVE WAY, #3-308<br>MIRAMAR, FL 33025   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TRES<br>PRESTON, RAMONE <input type="checkbox"/> Delete<br>1738 ST. IVES CROSSING<br>STOCKBRIDGE, GA 30281        |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PRES<br>HAIRSTON, ELIZABETH <input type="checkbox"/> Delete<br>10717 S. PRESERVE WAY, #3-308<br>MIRAMAR, FL 33025 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIR<br>HATCHER, ANTHONY <input type="checkbox"/> Delete<br>217 DDOE LANE<br>ROCKLEDGE, FL 32956                   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DIR<br>HATCHER, CHARLENE <input type="checkbox"/> Delete<br>217 DDOE LANE<br>ROCKLEDGE, FL 32956                  |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered. |                                                                                                                   |                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| SIGNATURE: <i>Elizabeth Hairston</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                     | <div style="display: flex; justify-content: space-between;"> <span><i>4/28/05</i></span> <span><i>954-240-6144</i></span> </div> <small>Date Daytime Phone #</small> |                                                                                                                                                                                                                                       |  |