


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90151 031 ****61.25

DOCUMENT # N07905 1. Entity Name SHARING TIME MINISTRIES, INC.					
Principal Place of Business 4020 GRANDE VISTA # 102 SAINT AUGUSTINE, FL 32084			Mailing Address P O BOX 23626 JACKSONVILLE, FL 32241-3626		
2. Principal Place of Business 732 Charmwood Dr		3. Mailing Address 			
Suite, Apt. #, etc. St Augustine		Suite, Apt. #, etc. 			
City & State FL		City & State 			
Zip 32086		Country St Johns		Zip 	
Country 					
4. FEI Number 59-2775989			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILES, LEONA M. 4020 GRANDE VISTA # 102 SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 732 Charmwood Dr. St Augustine City FL Zip Code 32086		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOYLES, STELLA H. <input type="checkbox"/> Delete 732 CHARMWOOD DR. SAINT AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BAGBY, CHARLES W <input type="checkbox"/> Delete 1129 RIVER BIRCH RD JACKSONVILLE, FL 32259				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILES, LEONA M <input type="checkbox"/> Delete 732 CHARMWOOD DR. SAINT AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - 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 like empowered.					
SIGNATURE: <u>Stella H. Boyles P.O.</u> 4-21-05 904-797-9488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					