



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90223 004 ****61.25

DOCUMENT # N07905 1. Entity Name SHARING TIME MINISTRIES, INC.					
Principal Place of Business 732 CHARMWOOD DRIVE SAINT AUGUSTINE, FL 32086				Mailing Address P O BOX 23626 JACKSONVILLE, FL 32241-3626	
2. Principal Place of Business - No P.O. Box # 1129 River Birch Rd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State		4. FEI Number 59-2775989	
Zip 32259		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILES, LEONA M. 732 CHARMWOOD DRIVE SAINT AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name Bagby, Charles W. Street Address (P.O. Box Number is Not Acceptable) 1129 River Birch Rd City Jacksonville, FL Zip Code 32259	
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 Charles W. Bagby, V.D. DATE 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLES, STELLA H. 732 CHARMWOOD DR. SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGBY, CHARLES W 1129 RIVER BIRCH RD JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILES, LEONA M 732 CHARMWOOD DR. SAINT AUGUSTINE, FL 32086	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stella H. Boyles PD DATE 4-28-08 DAYTIME PHONE 904-703-4801 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					