

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N95000006032

1. Entity Name
SHEPHERD'S MEN'S BASKETBALL MINISTRY, INC.



Principal Place of Business
**1820 18TH AVE SO
ST PETERSBURG, FL 33712**

Mailing Address
**1820 18TH AVE SO
ST PETERSBURG, FL 33712**

DO NOT WRITE IN THIS SPACE

% D 5 1 , , , , , 2 , / . D &

04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3384864	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

**WILLIAMS, CLYDE E
532 33RD ST SO
ST PETERSBURG, FL 33712**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, WALTER J 2403 TROPICAL SHORE DR ST. PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TARVER, FLEMING 2500 PENNSYLVANIA AVE. N. CLEARWATER, FL 34615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, CALVIN 1820 WALTOS ST SOUTH ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JOHNNIE 1137 37TH ST SO SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADE, RONALD 1401 18TH AVE SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000558328
05/17/06-80090-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Walter J. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #