

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N95000006032

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



08-30-2007 90038 001 \*\*\*\*\*61.25  
08-30-2007 90038 002 \*\*\*\*\*8.75

00041031

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

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

2. Principal Place of Business - No P.O. Box #  
1820 18th Ave. SO  
Suite, Apt. #, etc.

3. Mailing Address  
1820 18th Ave. SO  
Suite, Apt. #, etc.



05032007 Chg-NP CR2E037 (12/06)

City & State  
St. Petersburg, FL  
Zip  
33712  
Country  
U.S.A.

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St. Petersburg, FL  
Zip  
33712  
Country  
U.S.A.

4. FEI Number  
59-3384864  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
Clyde E. Williams  
Street Address (P.O. Box Number is Not Acceptable)  
532 - 33rd St. South  
City  
St. Petersburg  
FL  
Zip Code  
33712

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  
Clyde E. Williams

Signature, typed or printed name of registered agent and title if applicable.

Clyde E. Williams

(NOTE: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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

4-30-07

8-30-2007

Date

727-894-2698

Daytime Phone #