

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000708

1. Entity Name

SHANNON HILLIARD MINISTRIES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 008 ****61.25

Principal Place of Business

1469 10TH COURT NE
WINTER HAVEN FL 33882

Mailing Address

POST OFFICE BOX 1324
WINTER HAVEN FL 33882-1324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3365106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHANNON HILLIARD
1469 10TH CT NE
WINTER HAVEN FL 33882

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HILLIARD, SHANNON L
STREET ADDRESS 1469 10TH COURT NE
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE Conference Coordinator ☐ Change ☒ Addition
NAME MOORE, JIMMY
STREET ADDRESS 104 REBECCA LANE
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE SD ☐ Delete
NAME COBB, ORESTES A
STREET ADDRESS 1205 WEST 12TH STREET
CITY-ST-ZIP SANFORD, FL 32771

TITLE Chaplain ☐ Change ☒ Addition
NAME MOORE, JACQUELYN
STREET ADDRESS 104 REBECCA LANE
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE TD ☐ Delete
NAME HILLIARD, CHARLIE C
STREET ADDRESS 1469 10TH COURT NE
CITY-ST-ZIP WINTER HAVEN FL 33882

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rebecca Moore Hilliard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 863 2935909

CR2E037 (9/99)