

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000708

1. Entity Name

SHANNON HILLIARD MINISTRIES, INC.

Principal Place of Business

1469 10TH COURT NE
WINTER HAVEN FL 33882

Mailing Address

POST OFFICE BOX 1324
WINTER HAVEN FL 33882

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CC
MOORE, JIMMY
104 REBECCA LN
AUBURNDAL FL 33823 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MOORE, JACQUELYN
104 REBECCA LN
AUBURNDAL FL 33823 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 no 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: *Rev Shannon L. Hilliard* Date: 5-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 05, 2001 8:00 am
Secretary of State

06-02-2001 90009 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)