

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90553 017 \*\*\*\*61.25

**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. 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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD  
NAME HILLIARD, JONATHAN ☐ Delete  
STREET ADDRESS 3401 NW 3RD AVE.  
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE D  
NAME MOORE, JIMMY ☐ Delete  
STREET ADDRESS 370 DUNDEE DR.  
CITY-ST-ZIP KISSIMEE FL

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

TITLE ☒ Delete  
NAME MOORE, JACQUELYN  
STREET ADDRESS 370 DUNDEE DR.  
CITY-ST-ZIP KISSIMEE FL

TITLE ☐ Change ☒ Addition  
NAME Patricia Knight-miller  
STREET ADDRESS 3981 Lake ned Circle  
CITY-ST-ZIP Winter Haven, FL 33884 T

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Shannon L Hilliard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 863-698-4871

Date

Daytime Phone #