

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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**



04232005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**SHANNON HILLIARD
1469 10TH CT NE
WINTER HAVEN, FL 33882**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILLIARD, SHANNON L
STREET ADDRESS	1469 10TH COURT NE
CITY-ST-ZIP	WINTER HAVEN, FL 33882
TITLE	SD
NAME	HILLIARD, JONATHAN
STREET ADDRESS	3401 NW 3RD AVE.
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064
TITLE	D
NAME	MOORE, JIMMY
STREET ADDRESS	370 DUNDEE DR.
CITY-ST-ZIP	KESSIMEE, FL
TITLE	T
NAME	KNIGHT-MILLER, PATRICIA
STREET ADDRESS	3981 LAK NED CIRCLE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000336084
04/27/05-60110-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Shannon L Hilliard 4-23-05 (863) 293-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #