


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90050 007 ****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	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLIARD, SHANNON L		NAME		
STREET ADDRESS	1469 10TH COURT NE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33882		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLIARD, JONATHAN		NAME	SD HILLIARD, JONATHAN	
STREET ADDRESS	3401 NW 3RD AVE.		STREET ADDRESS	4136 VISTA DEL LARGO DRIVE	
CITY-ST-ZIP	POMPAHO BEACH, FL 33064		CITY-ST-ZIP	Villas of Lake Smart Winter Haven, FL 33881	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, JIMMY		NAME		
STREET ADDRESS	370 DUNDEE DR.		STREET ADDRESS		
CITY-ST-ZIP	KESSIMEE, FL		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT-MILLER, PATRICIA		NAME		
STREET ADDRESS	3981 LAK NED CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Shannon Hilliard <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-16-06 863-293-1121 x1038 <small>Date Daytime Phone #</small>		