

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000708

FILED
Jan 12, 2007
Secretary of State

Entity Name: SHANNON HILLIARD MINISTRIES, INC.

Current Principal Place of Business:

1469 10TH COURT NE
WINTER HAVEN, FL 33882

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1324
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 59-3365106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILLIARD, SHANNON L
Address: 1469 10TH COURT NE
City-St-Zip: WINTER HAVEN, FL 33882

Title: SD () Delete
Name: HILLIARD, JONATHAN
Address: 4186 VISTA DEL LARGO DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: MOORE, JIMMY
Address: 370 DUNDEE DR.
City-St-Zip: KESSIMEE, FL

Title: T (X) Delete
Name: KNIGHT-MILLER, PATRICIA
Address: 3981 LAK NED CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KNIGHT-MILLER, PATRICIA
Address: 3981 LAKE NED CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON HILLIARD

PD

01/12/2007

Electronic Signature of Signing Officer or Director

Date