2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N97000006089

Entity Name: SHERYL A. JONES MINISTRIES, INC.

Current Principal Place of Business:

701 LAUREL AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

112 PAMALA CT
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3485385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, SHERYL A
112 PAMALA COURT
SANFORD, FL 32771 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: D ( ) Delete
Name: JONES, SHERYL A
Address: 112 PAMALA COURT
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: RUCKER, HARRY D SR
Address: 927 BETHUNE DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: BORDERS, KAYLE
Address: 327 GARLAND STREET
City-St-Zip: DELTONA, FL 32725

Title: T ( ) Delete
Name: JONES, CYNTHIA
Address: 129 ACADEMY AVE
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: JONES, SHERYL A
Address: 112 PAMALA CT
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: SHERYL A. JONES D 04/29/2005

Electronic Signature of Signing Officer or Director — Date