

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90175 005 ****70.00

DOCUMENT # N97000006089

1. Entity Name
SHERYL A. JONES MINISTRIES, INC.



Principal Place of Business
**701 LAUREL AVENUE
SANFORD, FL 32771**

Mailing Address
**112 PAMALA CT
SANFORD, FL 32771**

400613



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3485385

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, SHERYL A
112 PAMALA COURT
SANFORD, FL 32771**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE PD ☐ Delete
NAME JONES, SHERYL A
STREET ADDRESS 112 PAMALA COURT
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete
NAME RUCKER, HARRY D SR
STREET ADDRESS 927 BETHUNE DRIVE
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☐ Delete
NAME BORDERS, KAYLE
STREET ADDRESS 327 GARLAND STREET
CITY-ST-ZIP DELTONA, FL 32725

TITLE T ☐ Delete
NAME JONES, CYNTHIA
STREET ADDRESS 129 ACADEMY AVE
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete
NAME DIAZ, LYNETTE
STREET ADDRESS 505 WILTON CIRCLE
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME Lynette Diaz
STREET ADDRESS 112 Pamala Court
CITY-ST-ZIP Sanford, FL 32771

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 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:

Sheryl Jones Sheryl Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/07
Date

407-701-0420
Daytime Phone #