2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001638

1. Entity Name
THE SHARE HIS LOVE MISSIONS, INC.

Principal Place of Business	Mailing Address
1930 N.W. 12TH ROAD GAINESVILLE, FL 32605	1930 N.W. 12TH ROAD GAINESVILLE, FL 32605

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02212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
31-1594729

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLOCKS, ROBERT MAX
1930 N.W. 12TH ROAD
GAINESVILLE, FL 32605

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000064389
02/24/04-80011-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, JOHN A REV.
STREET ADDRESS	2110 N.W. 46TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	STD
NAME	WILLOCKS, NEYSA F
STREET ADDRESS	1930 N.W. 12TH ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	PRUITT, WILLIAM H DR.
STREET ADDRESS	5621 N.W. 34TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	P
NAME	WILLOCKS, ROBERT MAX
STREET ADDRESS	1930 N.W. 12TH ROAD
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	LONG, HOWARD
STREET ADDRESS	6114 N.W. 33RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	OPPELT, HERMAN
STREET ADDRESS	18311 N.W. 28TH PL.
CITY-ST-ZIP	NEWBERRY, FL 326692150

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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: Robert Max Willocks ROBERT MAX WILLOCKS 2/2/04 352-377-1624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #