2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # N98000003904 1. Entity Name 05-05-2006 90160 035 ****61.25 SHARING JESUS INTERNATIONAL, INC. Principal Place of Business Mailing Address C/O NANCY PROULX C/O NANCY PROULX 3873 S BANANA RIVER BLVD #509 3873 S BANANA RIVER BLVD #509 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3518162 Not Applicable Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROULX, NANCY Street Address (P.O. Box Number is Not Acceptable) 3873 S BANANA RIVER BLVD #509 COCOA BEACH FL 32931 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, typica or printed name of recistored agent and title if applicable DATE (NOTE: Registered Agent storuture renored when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete ☐ Change Addition THILL Ted Empson PROULX, NANCY NAME NAME STREET ADDRESS 3873 S BANANA RIVER BLVD, STE 509 STREET ADDRESS COCOA BEACH FL 32931 oekledge F132955 CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GREEN, PEGGY NAME MARKS 310 LINDSEY CT STREET ADDRESS STREET ADDRESS Nicklaus Dr CAPE CANAVERAL FL 32920 CITY-ST-ZIP CHY-ST-ZIE **Z** Delete ☐ Change TITLE TITLE ☐ Addition MOYER, DEBBIE STREET ADDRESS 9 SLOOP DRIVE STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY - ST - ZIP TITLE TR Delete ☐ Change TITLE Addition NAME WARD, ROSE NAME STREET ADDRESS 2135 N COURTENAY PKWY, A207 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition WILSON, BARBARA NAME 20 MAGELLAN LN STREET ADDRESS STREET ADDRESS HOT SPRINGS VILLAGE AR 71909 CITY-ST-Z(P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

lancy E. Proulx 4/2

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED