

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90242 047 \*\*\*\*61.25

**DOCUMENT # N98000003904**

1. Entity Name  
**SHARING JESUS INTERNATIONAL, INC.**



Principal Place of Business  
**C/O NANCY PROULX  
3873 S BANANA RIVER BLVD #509  
COCOA BEACH, FL 32931**

Mailing Address  
**C/O NANCY PROULX  
3873 S BANANA RIVER BLVD #509  
COCOA BEACH, FL 32931**

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

04222008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3518162**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PROULX, NANCY  
3873 S BANANA RIVER BLVD #509  
COCOA BEACH, FL 32931**

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, 2008**

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 **D** ☐ Delete  
NAME **PROULX, NANCY**  
STREET ADDRESS **3873 S BANANA RIVER BLVD, STE 509**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **T** ☐ Delete  
NAME **EMPSON, TED**  
STREET ADDRESS **23 VERMONT AVE**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **T** ☐ Delete  
NAME **ELROD, CHARLOTTE**  
STREET ADDRESS **978 NICKLAUS DR**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **TR** ☐ Delete  
NAME **WILSON, BARBARA**  
STREET ADDRESS **20 MAGELLAN LN**  
CITY-ST-ZIP **HOT SPRINGS VILLAGE, AR 71909**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **TR Wilson, Barbara**  
STREET ADDRESS **804 Warwick St.**  
CITY-ST-ZIP **Bedford TX 76022**

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nancy E. Proulx* **Nancy E Proulx**

*Apr 28/08 321 868 4421*