

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 19, 2000 8:00 am
Secretary of State

08-30-2000 90004 012 ****61.25

DOCUMENT # N99000002454

1. Entity Name
SHARON MINISTRIES, INC.

Principal Place of Business
 1342 VICKERS DR.
 TALLAHASSEE FL 32303

Mailing Address
 1342 VICKERS DR.
 TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1342 Vickers Dr
 Suite, Apt. #, etc.
 Tallahassee, Fl
 City & State

3. Mailing Address
 1342 Vickers Dr
 Suite, Apt. #, etc.
 Tallahassee Fl
 City & State

Zip 32303 Country USA Zip 32303 Country USA

4. FEI Number
 59-3572772

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BOYETTE, JANICE T
 1342 VICKERS DR.
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: **No Change**

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.

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

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Janice T. Boyette	
STREET ADDRESS	1342 Vickers Dr	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Ruth Z. Beck	
STREET ADDRESS	1918 Myrick Road	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRMAN OF BOARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice T. Boyette	NO CHANGE
STREET ADDRESS	1342 Vickers Dr.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Z. Beck	NO CHANGE
STREET ADDRESS	1918 Myrick Road	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger A. Beck	No change
STREET ADDRESS	1918 Myrick Rd.	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Janice T. Boyette Date: 8/8/00 (850) 562-3097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice T. Boyette 9/14/00 - (850) 562-3097

CR2E037 (5/00)