

# 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.**

R

Principal Place of Business

Mailing Address

1342 VICKERS DR.  
TALLAHASSEE FL 32303

1342 VICKERS DR.  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

1342 Vickers Dr

1342 Vickers Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, Fl

Tallahassee Fl

City & State

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

7. Name and Address of New Registered Agent

BOYETTE, JANICE T  
1342 VICKERS DR.  
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

|                |                       |   |
|----------------|-----------------------|---|
| 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    |                       |   |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00 (850) 562-3097

Date Daytime Phone #

Janice T. Boyette

9/14/00 (850) 562-3097

CR2E037 (5/00)