


2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003627
1. Entity Name
SHARING JESUS DAILY MINISTRIES, INC.



Principal Place of Business: 1350 KINGFISHER DR, ENGLEWOOD, FL 34224
Mailing Address: 1350 KINGFISHER DR, ENGLEWOOD, FL 34224



01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0926773 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DAVIS, JAMES E
1350 KINGFISHER DR
ENGLEWOOD, FL 34224

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2004

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

000000091719
03/18/04-80021-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, JAMES E
STREET ADDRESS	1350 KINGFISHER DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	V
NAME	DAVIS, JAMES R
STREET ADDRESS	4326 WEST MAIN STREET
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	TS
NAME	DAVIS, SHIRLEY J
STREET ADDRESS	1350 KINGFISHER DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	BERLIN, SUZANNE
STREET ADDRESS	88 JACOBS ROAD SOUTH EAST
CITY-ST-ZIP	HUBBARD, OH 44425
TITLE	D
NAME	HAMEL, ROBERT & HARRIET
STREET ADDRESS	1353 KINGFISHER DR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	D
NAME	NAHM, LARRY
STREET ADDRESS	241 E LANGSHER ST
CITY-ST-ZIP	ENGLEWOOD, FL 34223

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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)(f), 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: Shirley J. Davis Shirley J. Davis 3/16/04 941-475-0342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #