


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90297 028 ****61.25

DOCUMENT # N99000003627 1. Entity Name SHARING JESUS DAILY MINISTRIES, INC.	
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Principal Place of Business 1350 KINGFISHER DR ENGLEWOOD, FL 34224	Mailing Address 1350 KINGFISHER DR ENGLEWOOD, FL 34224
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0926773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2005

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

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

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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)(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: Shirley J. Davis 4-6-05 941-475-0342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #