


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0926773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

Filing Fee is \$61.25
Due by May 1, 2006

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 Childers, Leonard 5415 Graves Terr Port Charlotte, FL 33981

UD0000428985
 02/21/06-80068-015 61.25

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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 files empowered.

SIGNATURE: *Shirley J. Davis* Shirley J. Davis 2-7-06 941-475-0342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Chk # 1019