


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90107 001 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0926773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, JAMES E 1350 KINGFISHER DR ENGLEWOOD, FL 34224			Name 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. 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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JAMES E		NAME		
STREET ADDRESS	1350 KINGFISHER DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JAMES R		NAME		
STREET ADDRESS	4326 WEST MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, SHIRLEY J		NAME		
STREET ADDRESS	1350 KINGFISHER DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERLIN, SUZANNE		NAME		
STREET ADDRESS	88 JACOBS ROAD SOUTH EAST		STREET ADDRESS		
CITY-ST-ZIP	HUBBARD, OH 44425		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMEL, ROBERT & HARRIET		NAME		
STREET ADDRESS	1353 KINGFISHER DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Childers, Leonard	
STREET ADDRESS			STREET ADDRESS	5415 Graves Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Port Charlotte, FL 33981	
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 like empowered.					
SIGNATURE: <i>Shirley J. Davis - Shirley J. Davis</i>			Date: <i>1/18/07</i>		Daytime Phone #: <i>941-475-0342</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40004743



01072007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

8.75 Additional Fee Required

FL

Zip Code

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

Date

Daytime Phone #