

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91242 026 \*\*\*158.75

**DOCUMENT # P01000037958**

1. Entity Name

**SHEWBREAD MINISTRIES, INC.**



Principal Place of Business

**777 NW 85TH STREET  
MIAMI FL 33150**

Mailing Address

**2241 S. SHERMAN CIRCLE  
#C-215  
MIRAMAR FL 33025**

**24067323**



**MOORE CR2E034 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1099190**

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

**ANDERSON, RHONDA  
2241 S. SHERMAN CIRCLE  
SUITE #C-215  
MIRAMAR FL 33025**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ANDERSON, RHONDA  
STREET ADDRESS 2241 SHERMAN CIRCLE SO. C215  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☒ Addition  
NAME Nathalie Joyner  
STREET ADDRESS 2241 Sherman Circle So. C215  
CITY-ST-ZIP Miramar, FL 33025

TITLE VD ☐ Delete  
NAME ANDERSON, EDWARD  
STREET ADDRESS 2241 SHERMAN CIRCLE SO. C215  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Change ☒ Addition  
NAME Tosha Robinson  
STREET ADDRESS 5001 Prairie Dunes Village Circle  
CITY-ST-ZIP Lake Worth, FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:**

*Rhonda Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04 954-436-0956**

Date

Daytime Phone #