

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037958

FILED
Apr 30, 2009
Secretary of State

Entity Name: SHEWBREAD MINISTRIES, INC.

Current Principal Place of Business:

7161 PEMBROKE ROAD
SUITE 1
PEMBROKE PINES, FL 33023

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1099190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, RHONDA
Address: 2241 SHERMAN CIRCLE SO. #C215
City-St-Zip: MIRAMAR, FL 33025

Title: VD () Delete
Name: ANDERSON, EDWARD
Address: 2241 SHERMAN CIRCLE SO. #C215
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: JOYNER, NATHALIE
Address: 2241 SHERMAN CIRCLE SO. #C125
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: ROBINSON, TOSHA
Address: 2001 PRAIRIE DUNES VILLAGE CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

Title: T () Delete
Name: ANDERSON, RHONDA
Address: 2241 SHERMAN CIRCLE SO. #C215
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA ANDERSON

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date