

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005892

Entity Name: SHARED ABUNDANCE MINISTRIES, INC**Current Principal Place of Business:**4541 EMERALD VISTA
APT 165
LAKE WORTH, FL 33461**Current Mailing Address:**4541 EMERALD VISTA
APT 165
LAKE WORTH, FL 33461 US**FEI Number:** 90-0508579**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, BISHOP AVIS L
4541 EMERALD VISTA
APT 165
LAKE WORTH, FL 33461 US*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**Officer/Director Detail :**

Title	CO-TRUSTEE
Name	ORTON, MARY C
Address	12139 58TH PLACE N
City-State-Zip:	WPB, FL 33411

Title	TRUSTEE
Name	MASSEY, SHIRLEY I
Address	13923 BERKOWITZ AVE
City-State-Zip:	HUDSON FL 34667

Title	DFCO
Name	MASSEY, WARREN DIII
Address	4541 EMERALD VISTA APT 165
City-State-Zip:	LAKE WORTH FL 33461

Title	SECRETARY, CO-TRUSTEE
Name	HILL, BISHOP AVIS L
Address	8101 GLENMOOR
City-State-Zip:	WPB FL 33409

Title	CO-TRUSTEE
Name	BLAKE, MARK L
Address	214 CIRCLE E
City-State-Zip:	JUPITER FL 33458

Title	CO-TRUSTEE
Name	WEBB, APRIL A
Address	15419 MULHATTON RD
City-State-Zip:	WEEKI WACHEE FL 34614

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HILL , BISHOP AVIS L

S,COTR

02/26/2014

Electronic Signature of Signing Officer/Director Detail_____
Date