

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90007 042 ****70.00

DOCUMENT # F98000003558

1. Entity Name
SHEPHERDS OF CHRIST MINISTRIES, INC.



Principal Place of Business: **2919 SHAWHAN ROAD MORROW OH 45152**
Mailing Address: **2919 SHAWHAN ROAD MORROW OH 45152**

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country



MOORE CR2E037 (4/04)

4. FEI Number: **61-1275118**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REED, MARY R
3083 KAPOK KOVE DRIVE
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent
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: _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD WEICKERT, JOHN D	<input type="checkbox"/> Delete
STREET ADDRESS	5761 WINDERMERE LANE	
CITY-ST-ZIP	FAIRFIELD OH 45014	
TITLE NAME	VD LEHRTER, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	612 MAPLE DRIVE	
CITY-ST-ZIP	READING OH 45215	
TITLE NAME	TD ARLINGHAUS, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	11723 SCHMIDT LANE	
CITY-ST-ZIP	WALTON KY 41094	
TITLE NAME	SD NOE, MELANIE	<input type="checkbox"/> Delete
STREET ADDRESS	6007 PINEVIEW LANE	
CITY-ST-ZIP	CINCINNATI OH 45247	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: John Weickert **John Weickert** 8/13/04 (513) 702-1800
Date: _____ Daytime Phone #: _____