

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000003558

FILED
Oct 07, 2007
Secretary of State

Entity Name: SHEPHERDS OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

2919 SHAWHAN ROAD
MORROW, OH 45152

New Principal Place of Business:

6015 N STATE ROUTE 62
CHINA, IN 47250

Current Mailing Address:

2919 SHAWHAN ROAD
MORROW, OH 45152

New Mailing Address:

PO BOX 627
CHINA, IN 47250

FEI Number: 61-1275118 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REED, MARY R
3083 KAPOK KOVE DRIVE
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

REED, MARY R
21649 US 19N
CLEARWATER, FL 33765 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: MARY R REED

10/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WEICKERT, JOHN D
Address: 5761 WINDERMERE LANE
City-St-Zip: FAIRFIELD, OH 45014

Title: TD () Delete
Name: ARLINGHAUS, MICHAEL
Address: 11723 SCHMIDT LANE
City-St-Zip: WALTON, KY 41094

Title: SD () Delete
Name: NOE, MELANIE
Address: 6007 PINEVIEW LANE
City-St-Zip: CINCINNATI, OH 45247

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:

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

SIGNATURE: JOHN WEICKERT

PD

10/07/2007

Electronic Signature of Signing Officer or Director

Date