## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004216

Entity Name: THE SHEPHERD'S VOICE MINISTRIES INC.

FILED Apr 08, 2004 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
12321 UNIVERSITY BLV ORLANDO, FL 32812				1379 NE 51ST LOOP OCALA, FL 34479			
Current Mailing Address:				New Mailing Address:			
1913 CRYSTAL DOWNS CT. OVIEDO, FL 32765				1379 NE 51ST LOOP OCALA, FL 34479			
FEI Number	: 59-3666043	FEI Number Applied For()	FEI Num	ber Not Appli	icable ( )	Certificate of St	tatus Desired ( )
Name and	Address of C	Surrent Registered Agent:	I	Name and	Address of I	New Registere	d Agent:
STEELE, EDWIN SCOTT 1913 CRYSTAL DOWNS CT. OVIEDO, FL 32765 US				STEELE, EDWIN SCOTT 1379 NE 51ST LOOP OCALA, FL 34479 US			
	named entity see of Florida.	submits this statement for the p	ourpose of	changing it	s registered o	office or register	red agent, or both,
SIGNATURE:				04/08/2004			
	Electron	ic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS	S AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PTD () STEELE, EDWI 1913 CRYSTAL OVIEDO, FL 33	. DOWNS CT.	1	Title: Name: Address: City-St-Zip:	PTD (X STEELE, EDW 1379 NE 51ST OCALA, FL 34	LOOP	tion
Title: Name: Address: City-St-Zip:	VSD () STEELE, MARI 1913 CRYSTAL OVIEDO, FL 33	. DOWNS CT.	1	Title: Name: Address: City-St-Zip:	VSD (X STEELE, MAR 1379 NE 51ST OCALA, FL 34	LOOP	tion
Title: Name: Address: City-St-Zip:	D () WALTERS, GE 7607 SHELDON TAMPA, FL 330	NRD.	1	Title: Name: Address: City-St-Zip:	(	) Change ()Addii	tion
Title: Name: Address: City-St-Zip:	D () BLOUGH, ED 17609 WILLOV LUTZ, FL	Delete VCREEK BLVD.	1	Title: Name: Address: City-St-Zip:	(	) Change ()Addii	tion
Title: Name: Address: City-St-Zip:	D () THOMAS, ANGI 2019 RITZ COU ORLANDO, FL	JRT	1	Title: Name: Address: Citv-St-Zip:	(	) Change()Addit	tion

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN SCOTT STEELE PTD 04/08/2004