2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# N01000005733

Entity Name: SHEPHERD'S REST CHRISTIAN MISSIONS, INC.

Current Principal Place of Business:

358 RALEIGH ROAD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

358 RALEIGH ROAD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3737205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DAVID A
358 RALEIGH ROAD
JACKSONVILLE, FL 32225 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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BROWN, KATHY C
Address: 358 RALEIGH RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: MORGAN, TODD L PASTOR
Address: 8723 ANDALOMA ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: DEVALLE, JUAN C PASTOR
Address: 358 RALEIGH RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete
Name: CORRALLES, OLMES
Address: 2610 SUNRISE RIDGE LN
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BROWN, TOMMY PASTOR
Address: 231 S. EDGEWOOD AVE
City-St-Zip: SOMERSET, PA 15501

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 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: DAVID A BROWN RA 02/02/2007

Electronic Signature of Signing Officer or Director — Date