

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005733

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**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  
Name: BROWN, KATHY C  
Address: 358 RALEIGH RD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: BROWN, TOMMY PASTOR  
Address: 621 OAK ST  
City-St-Zip: IRWIN, PA 15642

Title: D  
Name: BROWN, DAVID A  
Address: 358 RALEIGH RD  
City-St-Zip: JACKSONVILLE, FL 32225

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:** DAVID A BROWN

D

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date