

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# N99000000426

Entity Name: HEART OF THE SHEPHERD FAMILY SERVICES, INC.

Current Principal Place of Business:

10670-227 PLACE RD.
ORANGE SPRINGS, FL 32182

New Principal Place of Business:

10670- NE 227 PLACE RD.
ORANGE SPRINGS, FL 32182

Current Mailing Address:

P.O. BOX 151
ORANGE SPRINGS, FL 32182

New Mailing Address:

FEI Number: 59-3555426 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:

KUNZ, MELVIN
10670-227 PLACE RD.
ORANGE SPRINGS, FL 32182 US

Name and Address of New Registered Agent:

KUNZ, MELVIN
10670- NE 227 PLACE RD.
ORANGE SPRINGS, FL 32182 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: MELVIN KUNZ

10/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUNZ, MELVIN
Address: 10670 N 227 PL RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: VD () Delete
Name: KUNZ, MARIAN
Address: 10670 N 227 PL RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: D () Delete
Name: KUNZ, JONATHAN
Address: 1313 SADLER
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KUNZ, MELVIN
Address: 10670 NE 227 PL RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: VD (X) Change () Addition
Name: KUNZ, MARIAN
Address: 10670 NE 227 PL RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: D (X) Change () Addition
Name: KUNZ, JONATHAN
Address: 1130 VESPER DRIVE
City-St-Zip: FORT MYERS, FL 33901

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: MELVIN KUNZ

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date