

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2008
Secretary of State**

DOCUMENT# N99000000426

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

Current Principal Place of Business:

601 NE 61 TERRACE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

601 NE 61 TERRACE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-3555426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZ, MELVIN
601 NE 61 TERRACE
OCALA, FL 34470 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: PD () Delete
Name: KUNZ, MELVIN
Address: 601 NE 61 TERRACE
City-St-Zip: Ocala, FL 34470

Title: VD () Delete
Name: KUNZ, MARIAN
Address: 601 NE 61 TERRACE
City-St-Zip: Ocala, FL 34470

Title: D () Delete
Name: KUNZ, JONATHAN
Address: 3876 HIDDEN ACRES CIRCLE
City-St-Zip: NO. FT MYERS, FL 33903

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: MELVIN R. KUNZ

PD

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date