


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90057 021 ****61.25

DOCUMENT # F05000005815					
1. Entity Name SHEPHERD HAND COMMUNITY DEVELOPMENT & ENRICHMENT, INC.					
Principal Place of Business 4857 JAIMEE LEIGH DRIVE MILTON, FL 32572			Mailing Address PO BOX 4553 MILTON, FL 32572		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 37-1488389	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICH, JAMES A 4857 JAIMEE LEIGH DRIVE MILTON, FL 32572			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME RICH, JAMES A JR. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 4553	CITY-ST-ZIP MILTON, FL 32572		NAME	STREET ADDRESS	
CITY-ST-ZIP	NAME RICH, MAMIE L <input checked="" type="checkbox"/> Delete		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPS	NAME RICH, MAMIE L		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 4553	CITY-ST-ZIP MILTON, FL 32572		NAME	STREET ADDRESS	
CITY-ST-ZIP	NAME WHITE, MICHAEL A <input type="checkbox"/> Delete		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME WHITE, MICHAEL A		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1412 LILY POND ROAD	CITY-ST-ZIP ALBANY, GA 31707		NAME	STREET ADDRESS	
CITY-ST-ZIP	NAME		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	NAME		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	NAME		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>James A. Rich Jr.</i>			4/30/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		