

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008830

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE SHEPHERD'S CHURCH, INC.

Current Principal Place of Business:

5515 RAINBOW LANE
CRESTVIEW, FL 32539

New Principal Place of Business:

5305 HWY 4
BAKER, FL 32531

Current Mailing Address:

5602 BUCK WARD ROAD
BAKER, FL 32531

New Mailing Address:

5515 RAINBOW LANE
CRESTVIEW, FL 32539

FEI Number: 02-0560539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, JAMES M
5602 BUCK WARD ROAD
BAKER, FL 32531 US

Name and Address of New Registered Agent:

FORT, NATHAN R
5515 RAINBOW LANE
CRESTVIEW, FL 32539 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: NATHAN R FORT

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRACEWELL, DAVID
Address: 370 JOHNS ROAD
City-St-Zip: HOLT, FL 32564

Title: VP () Delete
Name: FORT, NATHAN R
Address: 5515 RAINBOW LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: ST () Delete
Name: BISHOP, JAMES M
Address: 5602 BUCK WARD ROAD
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: INFINGER, MICHAEL
Address: 86 E. EDGEWATER DRIVE
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORT, NATHAN R
Address: 5515 RAINBOW LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Change () Addition
Name: FRAZIER, TED
Address: P.O. BOX 87
City-St-Zip: HOLT, FL 32564

Title: ST (X) Change () Addition
Name: FORT, CATHERINE M
Address: 5515 RAINBOW LANE
City-St-Zip: CRESTVIEW, FL 32539

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: CATHERINE M FORT

ST

04/30/2008

Electronic Signature of Signing Officer or Director

Date