2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002482

FILED Apr 20, 2006 Secretary of State

Entity Name: THE SHEPHERD'S FAMILY CHURCH, INC.

urrent Principal Place of Business:			New Prince	New Principal Place of Business:			
79 PINEL	LAS AVE						
	PRINGS, FL 3	34689					
ırrent Mailing Address:			New Mailing Address:				
	LAS AVE						
10 ARPON S	PRINGS, FL 3	34689					
l Number:	42-1536808	FEI Number A	oplied For ()	FEI Number Not App	icable ()	Certificate of Status De	esired ()
ame and	Address of C	urrent Regist	ered Agent:	Name and	Address o	f New Registered Age	nt:
NE, JEFI 5 S. MAY RYSTAL E		1681 US					
	named entity s of Florida.	ubmits this sta	tement for the p	ourpose of changing i	ts registere	d office or registered ag	ent, or both
the State	of Florida.	ubmits this sta	tement for the p	ourpose of changing i	ts registere	d office or registered ag	ent, or both
the State	of Florida. RE:		tement for the p		ts registere	d office or registered ag Date	ent, or both
the State GNATUR	of Florida. RE:	ic Signature of	·	ent			
the State GNATUR	of Florida. Electroni AND DIRECT	ic Signature of F ORS: Delete / P T.	·	ent		Date	
the State GNATUR FFICERS e: me: dress:	Electronic AND DIRECT D () LANE, JEFFERY 105 S. MAYO ST CRYSTAL BEAC	ic Signature of FORS: Delete / P T. CH, FL 34681 Delete A M T.	·	ent ADDITION Title: Name: Address:		Date ES TO OFFICERS AND	
the State GNATUR FFICERS e: me: dress: y-St-Zip: e: me: dress:	Electronic Electronic AND DIRECT D () LANE, JEFFERY 105 S. MAYO ST CRYSTAL BEACT D () LANE, REBECC 105 S. MAYO ST CRYSTAL BEACT	ic Signature of FORS: Delete (P T. CH, FL 34681 Delete A M T. CH, FL 34681 Delete SICA (19 N. APT 150	·	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D SWINGLE, V	Date ES TO OFFICERS AND () Change () Addition () Change () Addition (X) Change () Addition USSSICA MURY DR	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFERY P LANE D 04/20/2006