



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005215 1. Entity Name A SHEPHERD'S HAND RESOURCE CENTER, INC.						FILED 04 OCT -5 AM 9:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
Principal Place of Business P.O. BOX 313 HAVANA, FL 32333				Mailing Address P.O. BOX 313 HAVANA, FL 32333					
2. Principal Place of Business		3. Mailing Address		10052004 REIN-NP CR2E099 (6/04)		4. FEI Number 50-0006898		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent SIMS, STANLEY 9217 MICCOSUKEE RD TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 <u>Stanley B. Sims, Jr.</u> 10-5-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E JEFFERSON, DONALD 35 PERCEL LANE CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100041814821 10/12/04--01035--007 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETD PARKER, LOUIS P.O. BOX 123 MIDWAY, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD MUNGEN, TOYLA GILIMORE DR TALLHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mungen, Toyka <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD SIMS, STANLEY B 9217 MICCOUSKEE ROAD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sims, Stanley B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADWELL, SYLVIA 1701 LAKE BRADFORD TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trueblood, Barbara BM Jim Lee Road Tallahassee, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Stanley B. Sims, Jr.</u> 10-5-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	