

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006302

**FILED**  
**Apr 12, 2004**  
**Secretary of State****Entity Name:** THE SHEPARD'S HAND MINISTRIES INC.**Current Principal Place of Business:**1419 W. BURGER ST.  
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**1419 W. BURGER ST.  
TAMPA, FL 33604**New Mailing Address:****FEI Number:** 81-0565387**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MACK, PATRICIA A  
1419 W. BURGER ST.  
TAMPA, FL 33604 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: D ( ) Delete  
Name: MACK, FELICIA V D  
Address: 1419 W. BURGER ST.  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: MACK, PATRICIA A D  
Address: 1419 W. BURGER ST.  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: MACK, TERENCE J D  
Address: 2225 N 131ST.AVE APT. 2228  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: MACK, DEMETRIAS D D  
Address: 2225 N 131ST. AVE APT. 2228  
City-St-Zip: TAMPA, FL 33612

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA MACK

PRES

04/12/2004

Electronic Signature of Signing Officer or Director

Date