

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

DOCUMENT# N02000008749

**FILED**  
**Apr 26, 2004**  
**Secretary of State****Entity Name:** SHEPHERD'S HOUSE OF GRACE, INC.**Current Principal Place of Business:**5142 MAGNOLIA RIDGE  
FRUITLAND PARK, FL 34731**New Principal Place of Business:**2969 POPLAR AVENUE  
LEESBURG, FL 34748**Current Mailing Address:**5142 MAGNOLIA RIDGE  
FRUITLAND PARK, FL 34731**New Mailing Address:**2969 POPLAR AVENUE  
LEESBURG, FL 34748**FEI Number:** 30-0133282**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KENT, LYNDA  
5142 MAGNOLIA RIDGE  
FRUITLAND PARK, FL 34731 US**Name and Address of New Registered Agent:**KENT, LYNDA  
2969 POPLAR AVENUE  
LEESBURG, FL 34748 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: \_\_\_\_\_

04/26/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KENT, LYNDA  
Address: 5142 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP ( ) Delete  
Name: KENT, BARRY  
Address: 5142 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DS ( ) Delete  
Name: RECKELL, NICOLE  
Address: 5142 MAGNOLIA RIDGE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DT ( ) Delete  
Name: HARVEY, MARYBETH  
Address: 4134 MAGNOLIA DR  
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete  
Name: DEITRICH, BEN  
Address: 705 SCENIC STREET  
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete  
Name: MEYERS, MIKE  
Address: 10147 SE 170TH LANE  
City-St-Zip: SUMMERFIELD, FL 34491

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: KENT, LYNDA  
Address: 2969 POPLAR AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: VP (X) Change ( ) Addition  
Name: KENT, BARRY  
Address: 2969 POPLAR AVENUE  
City-St-Zip: LEESBURG, FL 34748

Title: DS (X) Change ( ) Addition  
Name: RECKELL, NICOLE  
Address: 511 CR 466, APT. 21  
City-St-Zip: LADY LAKE, FL 32159

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

Title: D (X) Change ( ) Addition  
Name: MEYERS, MIKE  
Address: 10147 SE 170TH LANE  
City-St-Zip: SUMMERFIELD, FL 34491

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: LYNDA KENT

DP

04/26/2004

Electronic Signature of Signing Officer or Director

Date