

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008749

FILED
Jan 09, 2006
Secretary of State

Entity Name: SHEPHERD'S HOUSE OF GRACE, INC.

Current Principal Place of Business:

207 HANGING MOSS LANE
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

207 HANGING MOSS LANE
LADY LAKE, FL 32159

New Mailing Address:

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
207 HANGING MOSS LANE
LADY LAKE, FL 32159 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: DP () Delete
Name: KENT, LYNDA
Address: 207 HANGING MOSS LANE
City-St-Zip: LADY LAKE, FL 32159

Title: VP () Delete
Name: KENT, BARRY
Address: 207 HANGING MOSS LANE
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: RECKELL, NICOLE
Address: 602 PINE COVE CIRCLE
City-St-Zip: LEESVILLE, LA 71446

Title: DST () Delete
Name: HOLLOWAY, SHELLY
Address: 5105 SYDNEY ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: MEYERS, MIKE
Address: 5074 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: HOLLOWAY, ALEX
Address: 5105 SYDNEY ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

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:

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 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: LYNDA KENT

DP

01/09/2006

Electronic Signature of Signing Officer or Director

Date