2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N02000008749

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:	D	(X) Change ( ) Addition
Name:	RECKELL, NICOLE	
Address:	16112B RYAN PLACE	
City-St-Zip:	FORT POLK, LA 71459	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STRICKLAND, JENNIFER	
Address:	301 MAGNOLIA WAY	
City-St-Zip:	LADY LAKE, FL 32159	
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 PRES 01/15/2007

Electronic Signature of Signing Officer or Director — Date