2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008749

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

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
207 HANG	ING MOSS LA E, FL 32159			•	
Current Mailing Address:			New Mailir	New Mailing Address:	
	ING MOSS LA E, FL 32159	NE			
FEI Number:	30-0133282	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LADY LAKI	ING MOSS LA E, FL 32159 named entity s	US	rpose of changing it	s registered office or registered agent, or both,	
in the State	of Florida.				
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () KENT, LYNDA 207 HANGING M LADY LAKE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () KENT, BARRY 207 HANGING N LADY LAKE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () RECKELL, NICO 277 FAIRFAX S' MARTINEZ, GA	TREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DST () HOLLOWAY, SH 5105 SYDNEY F FRUITLAND PA	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PAQUETTE, AL 1602 GEORGIA BOULEVARD ORLANDO, FL 32803	
Title: Name: Address: City-St-Zip:	D () STRICKLAND, J 301 MAGNOLIA LADY LAKE, FL	WAY	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition STRICKLAND, JENNIFER 920 WILLOW DRIVE LEESBURG, FL 34748	
Title: Name: Address: City-St-Zip:	D () HOLLOWAY, AL 5105 SYDNEY F FRUITLAND PA	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PAQUETTE, SHARON 1602 GEORGIA BOULEVARD ORLANDO, FL 32803	

I hereby certify that the information supplied with this filing does not qualify 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 02/11/2009