

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009740

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: SHEPHERD'S LIGHTHOUSE, INC.

## Current Principal Place of Business:

5930 SE ROBINSON ROAD  
BELLEVIEW, FL 34420

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1565  
BELLEVIEW, FL 34421

## New Mailing Address:

FEI Number: 48-1288332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EAST, YOLANDA  
6019 SE EARP RD  
BELLEVIEW, FL 34420 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: GRAYBILL, SADIE  
Address: 8519 SE 158TH STREET  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete  
Name: EAST, YOLANDA  
Address: 6019 SE EARP RD  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: PYLES, NATHAN  
Address: 5515 SE ABSHIRE BLVD  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: BAXLEY, JUSTIN  
Address: POB 386  
City-St-Zip: BELLEVIEW, FL 34421

Title: D ( ) Delete  
Name: HIGGINBOTHAM, VIRGINIA  
Address: 10050 SE 139 PL.  
City-St-Zip: SUMMERFIELD, FL 34491

Title: D ( ) Delete  
Name: GRAYBILL, RICHARD  
Address: 8519 SE 158TH ST  
City-St-Zip: SUMMERFIELD, FL 34491

## 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 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: YOLANDA EAST

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date