

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90049 027 ****70.00

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1. Entity Name
THE SHEPHERD'S INN MINISTRIES, INC.



Principal Place of Business
**9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434**

Mailing Address
**9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
54-2165142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMEIER, ROSS W
9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOUNG, ROBB
10700 N SUNFLOWERS PT
CRYSTAL RIVER, FL 34428** ☒ Delete

TITLE **DR**
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAUG ALEXANDER
1140 E. TURNER CAMP ROAD
INVERNESS, FL 34453** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINTHICUM, JOHN
5601 MAPLE FOREST DR
TALLAHASSEE, FL 32303** ☐ Delete

TITLE **DR**
NAME
STREET ADDRESS
CITY-ST-ZIP
**STEPHANIE WATERS
513 CALIFORNIA ST
BELLAMY HILLS, FL 34465** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINTHICUM, BLYNN
5601 MAPLE FOREST DR
TALLAHASSEE, FL 32303** ☐ Delete

TITLE **DR**
NAME
STREET ADDRESS
CITY-ST-ZIP
**RON ROBERTSON
12260 CHECKERBERRY DR
CRYSTAL RIVER, FL 34429** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LARCH, JIMMY
PO BOX 868
LECANTO, FL 34460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: Ross W. Hoffmeier *Ross W. Hoffmeier* 1/4/07 (352)212-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #