2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N04000012138

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

THE SHEPHERD'S INN MINISTRIES, INC.								01-11-2007	90049	027	70.00
Principal Place of Business 9365 N CARESSA WAY CITRUS SPRINGS, FL 34434		9365	Mailing Address 9365 N CARESSA WAY CITRUS SPRINGS, FL 34434			 E (Demok) en al	FIN KIND KERN KEN NE	W	M P † (1702 AM) †	170 II O 1 1 1 1 1 1	
2. Principal Place of Business - No P.O. Box # 3. W			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01032007	Chg-NP	CR2EC	37 (12/06)	
City & State			Cit	City & State			4. FEI Number 54-2165	4. FEI Number Applied For 54-2165142 Not Applied ble			
Zíp	Zip Country					untry	5. Certificate of Status		À	\$8.75 Ad Fee Requir	
6. Name and Address of Current Registered Ag				d Agent		Name	7. Name and A	Address of New I	Registered	Agent	
HOFFMEIER, ROSS W 9365 N CARESSA WAY CITRUS SPRINGS; FL 34434						Name Street Address (P.Ö. Box Number is Not Acceptable)					
				City					FI	Zip Co	de
	named entit ions of regis	y submits this statement for tered agent.	or the purp	ose of changing its	register	ed office or regis	stered agent, or both	, in the State of Fi	lorida. I arr	n familiar with	, and accept
SIGNATURE.	Signature, typed	or printed nameou regratation agen	nt and stie if app	elicable. (NOT	E: Regume	ed Agent signature requi	ared when renstating)		DATE		
SIGNATURE	Filing Fe	or pritted name of registration agen te is \$61.25 Ray 1, 2007	nt and sitle if app	9. Election Car Trust Fund	mpaign F	Financing	\$5.00 May Be Added to Fees	, ,	Make che	ck payable	
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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 empowered.

SIGNATURE: POSS W HO HOME, ER