

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012138

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434

New Principal Place of Business:

Current Mailing Address:

9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434

New Mailing Address:

FEI Number: 54-2165142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMEIER, ROSS W
9365 N CARESSA WAY
CITRUS SPRINGS, FL 34434 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: ALEXANDER, DOUG
Address: 1140 E. TURNER CAMP RD
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: LINTHICUM, JOHN
Address: 5601 MAPLE FOREST DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: LINTHICUM, BLYNN
Address: 5601 MAPLE FOREST DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: LARCHE, JIMMY
Address: PO BOX 868
City-St-Zip: LECANTO, FL 34460

Title: D () Delete
Name: WATERS, STEPHANIE
Address: 513 CALIFORNIA ST
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: ROBERTSON, RON
Address: 12260 CHECKERBERRY DR
City-St-Zip: CRYSTAL RIVER, FL 34429

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
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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: ROSS W. HOFFMEIER

FOUN

01/08/2008

Electronic Signature of Signing Officer or Director

Date