2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N05000012504

Entity Name: SHARING MY FATHER'S HEART MINISTRIES INC.

Current Principal Place of Business:

6807 CEDAR RIDGE CIRCLE
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6807 CEDAR RIDGE CIRCLE
MILTON, FL 32570 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELKINS, BRENDA K
6807 CEDAR RIDGE CIRCLE
MILTON, FL 32570 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: P ( ) Delete
Name: ELKINS, BRENDA K
Address: 6807 CEDAR RIDGE CIRCLE
City-St-Zip: MILTON, FL 32570 US

Title: D ( ) Delete
Name: ELKINS, EARL
Address: 6807 CEDAR RIDGE CIRCLE
City-St-Zip: MILTON, FL 32570 US

Title: D ( ) Delete
Name: TIMBERLAKE, AARON S
Address: 2550 PARKMAN RD NW
City-St-Zip: WARREN, OH 44485 US

Title: D ( ) Delete
Name: TIMBERLAKE, ROSE
Address: 2550 PARKMAN RD NW
City-St-Zip: WARREN, OH 44485 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TIMBERLAKE, AARON S
Address: 815 NC 461
City-St-Zip: AHOSKIE, NC 27910 US

Title: D (X) Change ( ) Addition
Name: TIMBERLAKE, ROSE
Address: 815 NC 461
City-St-Zip: AHOSKIE, NC 27910 US

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: EARL D. ELKINS D 03/13/2008

Electronic Signature of Signing Officer or Director — Date