

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004474

FILED
Jan 29, 2009
Secretary of State

Entity Name: SHEPHERD'S HOUSE MINISTRIES, INC.

Current Principal Place of Business:

5739 STEWART ST.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

PO BOX 3565
MILTON, FL 32572

New Mailing Address:

FEI Number: 59-0301600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNING, C. L BISHOP
6414 HAMILTON BRIDGE RD.
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: SP () Delete
Name: DOWNING, CECIL L
Address: 6414 HAMILTON BRIDGE RD.
City-St-Zip: MILTON, FL 32570

Title: P () Delete
Name: DOWNING, DARLENE A
Address: 6414 HAMILTON BRIDGE RD.
City-St-Zip: MILTON, FL 32570

Title: D () Delete
Name: JOHNS, RAYMOND
Address: 6574 SELLERS DR.
City-St-Zip: MILTON, FL 32570

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:

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: CECIL DOWNING

MR

01/29/2009

Electronic Signature of Signing Officer or Director

Date