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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000796 (3)**

1. Corporation Name

E.L. SHEPPARD MINISTRIES, INC.



Principal Place of Business POST OFFICE BOX 757 TALLAHASSEE FL 32302-0757	Mailing Address POST OFFICE BOX 757 TALLAHASSEE FL 32302-0757
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3. Date Incorporated or Qualified 03/08/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3168889	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNTER, HENRY C SR
219 E. VIRGINIA STREET
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGBY-GILMORE, ARGATHA	1.2 NAME	BOARD OF DIRECTOR MEMBER
STREET ADDRESS	8146 ELYSIAN WAY	1.3 STREET ADDRESS	Robert Flucas
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	3027 Windy Hill Lane
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPPARD, DONALD E	2.2 NAME	BOARD OF DIRECTOR MEMBER
STREET ADDRESS	3103 S. FULMER CIRCLE	2.3 STREET ADDRESS	Ervine Flucas
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	(Same Address as above)
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDRELL, GERALD	3.2 NAME	
STREET ADDRESS	1911 CHOWKEEBIN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, VINCENT SR	4.2 NAME	
STREET ADDRESS	PO BOX 101 (N/A)*	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODVILLE FL 32362	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLWORTH, THEOTIS SR	5.2 NAME	
STREET ADDRESS	502 DUPONT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, CONSTANCE	6.2 NAME	
STREET ADDRESS	2504 JIM LEE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Argatha Rigby-Gilmore* 3/28/97 942-2013

CR2E037 (9/96)