

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**  
03-26-2001 90018 050 \*\*\*\*61.25

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**DOCUMENT # N93000000796**

1. Entity 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

00037803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3168889**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **COWART, CHRISTOPHER S**  
STREET ADDRESS **2626 OLD BAINBRIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Argatha Gilmore**  
STREET ADDRESS **8146 Elysian Way**  
CITY-ST-ZIP **Tallahassee FL 32311**

TITLE **D** ☐ Delete  
NAME **SHEPPARD, DONALD E**  
STREET ADDRESS **3103 S. FULMER CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Change ☐ Addition  
NAME **Cummings, Constance**  
STREET ADDRESS **8124 Elysian Way**  
CITY-ST-ZIP **Tallahassee FL 32311**

TITLE **D** ☐ Delete  
NAME **FLUCAS, ROBERT**  
STREET ADDRESS **3027 WINDY HILL LANE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Denita Hardy**  
STREET ADDRESS **3327 Lucky Debonair Trail**  
CITY-ST-ZIP **Tallahassee FL 32308**

TITLE **D** ☐ Delete  
NAME **FLUCAS, ERVINE**  
STREET ADDRESS **3027 WINDY HILL LANE**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STALLWORTH, THEOTIS SR**  
STREET ADDRESS **502 DUPONT DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CUMMINGS, CONSTANCE**  
STREET ADDRESS **2504 JIM LEE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:** *Denita A. Hardy* **IDENTA A. HARDY**

**3-21-01 (850) 922-2663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)