

ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

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



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3168889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GILMORE, ARGATHA
8146 ELYSIAN WAY
TALLAHASSEE, FL 32311

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUMMINGS, CONSTANCE
8124 ELYSIAN WAY
TALLAHASSEE, FL 32311

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Theotis Stallworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

850 668-9738

Daytime Phone #