

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**May 11, 2006 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



05052006 No Chg-NP

CR2E037 (4/06)

**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

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

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05/20/06 80055-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/06

Date

891-4244

Daytime Phone #