

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000796

FILED
Apr 11, 2007
Secretary of State

Entity Name: E.L. SHEPPARD MINISTRIES, INC.

Current Principal Place of Business:

POST OFFICE BOX 757
TALLAHASSEE, FL 323020757

New Principal Place of Business:

665 W BREVARD STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

POST OFFICE BOX 757
TALLAHASSEE, FL 323020757

New Mailing Address:

FEI Number: 59-3168889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, HENRY C SR
219 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 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: D () Delete
Name: GILMORE, ARGATHA
Address: 8146 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: SHEPPARD, DONALD E
Address: 3103 S. FULMER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FLUCAS, ROBERT
Address: 3027 WINDY HILL LANE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: FLUCAS, ERVINE
Address: 3027 WINDY HILL LANE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: STALLWORTH, THEOTIS SR
Address: 502 DUPONT DR.
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: CUMMINGS, CONSTANCE
Address: 8124 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

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:

Title: () Change () Addition
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Title: () Change () Addition
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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 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: ARGATHA GILMORE

D

04/11/2007

Electronic Signature of Signing Officer or Director

Date