


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000000796</b> 1. Entity Name <b>E.L. SHEPPARD MINISTRIES, INC.</b>	
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Principal Place of Business <b>665 W BREVARD STREET TALLAHASSEE, FL 32304</b>	Mailing Address <b>POST OFFICE BOX 757 TALLAHASSEE, FL 32302-0757</b>
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04252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3168889</b>	Applied For Not Applicable
5.-Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>HUNTER, HENRY C SR 219 E. VIRGINIA STREET TALLAHASSEE, FL 32301</b>
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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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 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.

<b>SIGNATURE:</b> 	<b>04/25/08</b> <b>850-891-4244</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>