

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000796

FILED
Mar 30, 2011
Secretary of State

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

Current Principal Place of Business:

665 W BREVARD STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

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
Name: GILMORE, ARGATHA
Address: 8146 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ARGATHA GILMORE

D

03/30/2011

Electronic Signature of Signing Officer or Director

Date