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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000728 (5)

1. Corporation Name

SHEPERDS HEART CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

Mailing Address

1221 W LEE ROAD  
SUITE 200  
ORLANDO FL 328101221 W LEE ROAD  
SUITE 200  
ORLANDO FL 32810-58453. Date Incorporated or Qualified  
02/23/19943a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

CARSON, DARWIN  
607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME CARSON, DARWIN E  
STREET ADDRESS 607 SPRING OAKS BLVD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 327141.1 TITLE ☐ Change ☐ Addition  
1.2 NAME CARLSON, DARWIN E. *Spelling of Name*  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VT ☐ DELETE  
NAME BROWN, BONNIE  
STREET ADDRESS 229 ANTLER CT  
CITY-ST-ZIP CASSELBERRY FL 320702.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE STT ☐ DELETE  
NAME CARSON, GINGER C  
STREET ADDRESS 607 SPRING OAKS BLVD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 327143.1 TITLE ☐ Change ☐ Addition  
3.2 NAME CARLSON, GINGER C *Spelling of Name*  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ginger C Carlson - Carlson, Ginger C*

Date

Daytime Phone # 0017003

CR2E037 (9/96)