

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000728

**FILED**  
**Jul 05, 2004**  
**Secretary of State****Entity Name:** SHEPHERDS HEART CHRISTIAN FELLOWSHIP, INC.**Current Principal Place of Business:**607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS, FL 327147311 US**New Principal Place of Business:****Current Mailing Address:**607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS, FL 32714**New Mailing Address:****FEI Number:** 59-3272446**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CARSON, DARWIN  
607 SPRING OAKS BLVD  
ALTAMONTE SPRINGS, FL 32714 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:** PD ( ) Delete  
**Name:** CARLSON, DARWIN E  
**Address:** 607 SPRING OAKS BLVD  
**City-St-Zip:** ALTAMONTE SPRINGS, FL**Title:** ST ( ) Delete  
**Name:** MANN, ROXANNE  
**Address:** 620 ESTATES PLACE  
**City-St-Zip:** LONGWOOD, FL 32779**Title:** VP ( ) Delete  
**Name:** MANN, RICK  
**Address:** 620 ESTATES PLACE  
**City-St-Zip:** LONGWOOD, FL 32779**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:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DARWIN E CARLSON

PD

07/05/2004

Electronic Signature of Signing Officer or Director

Date