

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90281 005 ****61.25

DOCUMENT # N94000000728

1. Entity Name

SHEPHERDS HEART CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

**607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714-7311
US**

Mailing Address

**607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**
FEI-59-3272446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARSON, DARWIN
607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL 32714**

Name

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

City

FL

Zip Code

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 *Darwin E. Carlson*
Signature, typed or printed name of registered agent and title if applicable.

DARWIN E. CARLSON
(NOTE: Registered Agent signature required when reinstating)

DATE

*Not
reinstating
fee*

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARLSON, DARWIN E
607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RICK MANN
620 ESTATES PLACE
LONGWOOD, FL 32779** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CARLSON, GINGER C
607 SPRING OAKS BLVD
ALTAMONTE SPRINGS FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MANN, ROXANNE
620 ESTATES PLACE
LONGWOOD, FL 32779** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANN, ROXANNE
620 ESTATES PLACE
LONGWOOD FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MANN, ROXANNE
620 ESTATES PLACE
LONGWOOD, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I 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 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.

SIGNATURE:

Darwin E. Carlson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-599-9774

CR2E037 (4/03)