


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002886	
1. Entity Name SHEPHERD OF THE HILLS EPISCOPAL CHURCH, INC.	

Principal Place of Business 2540 N NORVELL BRYANT HWY LECANTO, FL 34460-0911	Mailing Address SHEPARD OF THE HILLS EPISCOPAL CHURCH 2540 WEST NORVELL BRYANT HIGHWAY LECANTO, FL 34461
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07102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0748291	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAYBIEL, LYNN
4949 E SPRUCE DRIVE
DUNNELON, FL 34434

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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: *Lynn Graybiel* Lynn Graybiel 7/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

-10- OFFICERS AND DIRECTORS

TITLE	V
NAME	GRAYBIEL, LYNN
STREET ADDRESS	4949 E. SPRUCE DRIVE
CITY-ST-ZIP	DUNNELON, FL 34434
TITLE	V
NAME	KALIX, JOHN
STREET ADDRESS	578 S. CROOKED TREE PATH
CITY-ST-ZIP	HOMOSSASSA, FL 34448
TITLE	T
NAME	HOWARD, PATRICIA
STREET ADDRESS	2508 N. LANTERN TER
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/18/06-80004-004 61.25

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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 an other like empowered.

SIGNATURE: *Lynn Graybiel* Lynn Graybiel 7/12/06 352-527-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #