

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90020 019 ****61.25

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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



40031184



02262007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0748291 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAYBIEL, LYNN 4949 E SPRUCE DRIVE DUNNELLON, FL 34434				7. Name and Address of New Registered Agent Name CASS, EDWARD R Street Address (P.O. Box Number is Not Acceptable) 3746 NORTH YACHT TERRACE City Beverly Hills FL Zip Code 34465			
---	--	--	--	---	--	--	--

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 EDWARD R CASS DATE 2/26/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	V	<input checked="" type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRAYBIEL, LYNN			NAME	CASS, EDWARD R		
STREET ADDRESS	4949 E. SPRUCE DRIVE			STREET ADDRESS	3746 NORTH YACHT TERRACE		
CITY-ST-ZIP	DUNNELLON, FL 34434			CITY-ST-ZIP	BEVERLY HILLS, FL 34465		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KALIX, JOHN			NAME	DEMERCHANT, JACK		
STREET ADDRESS	578 S. CROOKED TREE PATH			STREET ADDRESS	3629 WEST CADA PATH		
CITY-ST-ZIP	HOMOSASSA, FL 34448			CITY-ST-ZIP	BEVERLY HILLS, FL 34465		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOWARD, PATRICIA			NAME	HARLOW, ALLEN		
STREET ADDRESS	2508 N. LANTERN TER			STREET ADDRESS	680 WEST DOLEK PATH		
CITY-ST-ZIP	HERNANDO, FL 34442			CITY-ST-ZIP	HERNANDO FL 34442		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: [Signature] DATE 2/26/2007 DAYTIME PHONE # 352-746-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR