2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# N97000006026

Entity Name: SHEPHERD'S HEART FELLOWSHIP, INC.

Current Principal Place of Business:

3910 S WASHINGTON AVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

565 SHADOW WOOD LANE #331
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3485480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNIER, SANDRA M
565 SHADOW WOOD LANE #331
TITUSVILLE, FL 32780 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: DP ( ) Delete
Name: BERNIER, ROBERT C
Address: 565 SHADOW WOOD LANE #331
City-St-Zip: TITUSVILLE, FL 32780

Title: DST ( ) Delete
Name: BERNIER, SANDRA M
Address: 565 SHADOW WOOD LANE #331
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: COLLVER, PAMELA R
Address: 2607 WHITE OAK LANE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: DV ( ) Delete
Name: COLLVER, CHARLES A
Address: 2607 WHITE OAK LANE
City-St-Zip: TITUSVILLE, FL 32780 US

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:

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 Chapter 119, 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: SANDRA M. BERNIER DST 02/06/2007

Electronic Signature of Signing Officer or Director — Date