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Jan 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006310 (3)

1. Corporation Name

SHEPHERD'S HEART DISCIPLESHIP, INC.



Principal Place of Business

Mailing Address

1847 MOURNING DOVE LANE
JACKSONVILLE BEACH FL 32250

1847 MOURNING DOVE LANE
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3481646

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4620 Salisbury RD

26 P.O. Box 49012

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Jacksonville FL

27 City & State
28 JAX Bch FL

24 Zip 32256 25 Country DUVAL

29 Zip 32240 30 Country DUVAL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ, ROQUE JR
1847 MOURNING DOVE LANE
JACKSONVILLE BEACH FL 32250

81 Name

Shirley Chipperfield

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

1423 N. 10th St.

83

84 City

JAX Bch

FL

85 Zip Code

32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Shirley Chipperfield

Shirley Chipperfield

1/10/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature Required When Reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RUIZ, ROQUE
STREET ADDRESS 1847 MOURNING DOVE LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE TD
NAME BOWEN, GAYLORD F
STREET ADDRESS 1847 MOURNING DOVE LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D
NAME CHIPPERFIELD, SHIRLEY
STREET ADDRESS 1423 N 10TH ST
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE VD
NAME RUIZ, JOANNE E
STREET ADDRESS 1847 MOURNING DOVE LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE SD
NAME HANNA, JONATHON J
STREET ADDRESS 90 PONTE VEDRA CT
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jonathan Hanna

1-10-98 904-249-0171

CR2E037 (10/97)