
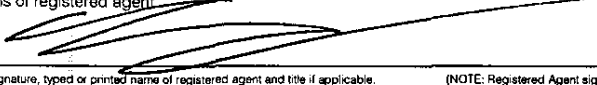



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 SEP -3 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0100006063					
1. Entity Name SHEPHERD'S FUND CORPORATION					
Principal Place of Business 2709 ALLEN RD., STE. 100 TALLAHASSEE, FL 32312			Mailing Address 2709 ALLEN RD., STE. 100 TALLAHASSEE, FL 32312		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VIKER, KATHERINE 3502 LIMENCK DR. TALLAHASSEE, FL 32309				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 				DATE <u>7/20/04</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete				
NAME	VIKER, KATHERINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3502 LIMERICK DR.	NAME			
CITY-ST-ZIP	TALLAHASSEE, FL 32309	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	BM <input checked="" type="checkbox"/> Delete				
NAME	SAVITZ, JASON	500041096255 Addition 09/15/04--01025--009 **\$61.25			
STREET ADDRESS	1914 LARETTE DR., APT. D				
CITY-ST-ZIP	TALLAHASSEE, FL 32301				
TITLE	S <input type="checkbox"/> Delete				
NAME	COX, BARBARA A				
STREET ADDRESS	WHITNEY DR EAST				
CITY-ST-ZIP	TALLAHASSEE, FL 32309				
TITLE	BM <input type="checkbox"/> Delete				
NAME	COLLIER, CHARLENE				
STREET ADDRESS	331 2ND ST.				
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233				
TITLE	BM <input type="checkbox"/> Delete				
NAME	WEBER, GAE				
STREET ADDRESS	10431 DEERWOOD CLUB RD.				
CITY-ST-ZIP	JACKSONVILLE, FL 32256				
TITLE	T <input type="checkbox"/> Delete				
NAME	VIKER, DACQUES				
STREET ADDRESS	3502 LIMERICK DRIVE				
CITY-ST-ZIP	TALLAHASSEE, FL 32309				
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: 				DATE: <u>7/20/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DAYTIME PHONE # <u>553-3369 ext 7</u>	