

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90138 028 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000007003

1. Corporation Name

SHEPHERD'S CENTER OF GAINESVILLE, INC.

Principal Place of Business

800 SW 2ND AVE  
GAINESVILLE FL 32601

Mailing Address

800 SW 2ND AVE  
GAINESVILLE FL 32601

1 5 9 2 8  
519210 - 90138 - 28 \*



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/16/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3483735	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VONDRUSKA, MONICA A 1929 SW 16TH STREET SUITE 5250 GAINESVILLE FL 32608				81 Name Monica V. Lothrop 82 Street Address (P.O. Box Number is Not Acceptable) 5346 S.W. 91st Terrace 83 84 City Gainesville FL 85 Zip Code 32608	

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

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	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SANDRA J	1.2 NAME	
STREET ADDRESS	2105 NW 97TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARTON, ARTHUR	2.2 NAME	DVP Mitchell, Richard
STREET ADDRESS	9502 S W 50TH RD	2.3 STREET ADDRESS	5700 SW 34th St, Ste 222
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	Gainesville, FL 32614-1380
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, BONNIE	3.2 NAME	
STREET ADDRESS	3655 S W 2ND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, RICHARD	4.2 NAME	DS Mona Waldrop
STREET ADDRESS	5700 S W 34TH STREET, STE 222	4.3 STREET ADDRESS	3955 NW 23rd Circle
CITY-ST-ZIP	GAINESVILLE FL 32614-1380	4.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 338-6775

Daytime Phone #