

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90070 047 *****61.25

DOCUMENT # N97000007003

1. Entity 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**

2. Principal Place of Business

1001 NW 98TH ST.

3. Mailing Address

1001 NW 98TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number

59-3483735

Applied For

Not Applicable

Zip

Country

32606

Zip

Country

32606

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOTHROP, MONICA V
 5346 SW 91 TERR
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name
MERRY-LYNNE WILSON

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

1630-B NW 41ST ST.

City

GAINESVILLE

FL

Zip Code

32606

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.

SIGNATURE

Merry Lynne Wilson Treas.

1/12/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPC
 WILLIAMS, SANDRA J
 2105 NW 97TH STREET
 GAINESVILLE FL 32606** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 KILBY, PAT
 3706 SW 5TH PLACE
 GAINESVILLE FL 32607** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 WILSON, MERRY L
 PO BOX 357009
 GAINESVILLE FL 32635-7009** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DS
 WELDROP, MONA
 3955 NW 23RD CIR
 GAINESVILLE FL 32605** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MONA WALDROP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

Merry Lynne Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Date

Daytime Phone #

(352) 336-1594

CR2E037 (9/01)