

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007003

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** SHEPHERD'S CENTER OF GAINESVILLE, INC.

**Current Principal Place of Business:**

4000 NW 53RD AVE.  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

4000 NW 53RD AVE.  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 59-3483735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOSS, ROYLYN L DT  
2632 NW 43RD ST.  
D66  
GAINESVILLE, FL 32606 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: DVP ( ) Delete  
Name: EMERSON, JOANNA  
Address: PAINES PRARIE RD.  
City-St-Zip: MICANOPY, FL 32656

Title: DT ( ) Delete  
Name: VOSS, ROYLYN L  
Address: 2632 NW 43RD ST. SUITE D 66  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DS ( ) Delete  
Name: KILBY, PAT  
Address: 3706 SW 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: JOHNSTON, DOROTHY  
Address: 7625 NW 172ND ST.  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: VOSS, PAT C  
Address: 15905 NW 70TH AVE.  
City-St-Zip: ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROYLYN L. VOSS

DT

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date