

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713137 (8)

1. Corporation Name

THE BENEVOLENT AND PROTECTIVE ORDER OF SHEPHERDS
.INC.

Principal Place of Business

Mailing Address

2015 HOLTON ST.
TALLAHASSEE FL 323102015 HOLTON ST.
TALLAHASSEE FL 32310-58593. Date Incorporated or Qualified
07/28/19673a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIVEY, FREDDIE C
3427 SUNNYSIDE DRIVE
TALLAHASSEE FL 32310

81 Name

Freddie C. Spivey

82

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

3427 Sunnyside Drive

83

84

City

Tallahassee

FL

85

Zip Code

32310

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

Freddie C. Spivey

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

TD

☐ DELETE

NAME

SPIVEY, FREDDIE C
3427 SUNNYSIDE DRIVE
TALLAHASSEE FL 32310

STREET ADDRESS

CITY - ST - ZIP

TITLE

PD

☐ DELETE

NAME

DAVIS, ALEXANDER
1632 CAPITAL CIRCLE
TALLAHASSEE FL 32308

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMD

☐ DELETE

NAME

DOUGLAS, IOLA
729 DENT STREET
TALLAHASSEE FL 32304

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMD

☐ DELETE

NAME

WILLIAMS, R.L.
510 KISSIMMEE STREET, APT 8
TALLAHASSEE FL 32310

STREET ADDRESS

CITY - ST - ZIP

TITLE

MEMD

☐ DELETE

NAME

HOLLINS, PRESTON
2126 KEITH STREET
TALLAHASSEE FL 32310

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006266

CR2E037 (9/96)