

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
 08-08-2000 90011 008 ****61.25

DOCUMENT # 756167

1. Entity Name

SHEPHERD CARE MINISTRIES, INC.

R

Principal Place of Business

Mailing Address

**5935 TAFT STREET
 HOLLYWOOD FL 33021**

**5935 TAFT STREET
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

1338 Baldwin

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jenison MI

Zip

Country

49428

Country

USA

4. FEI Number

59-2022925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, JEFFREY S
 5935 TAFT STREET
 SUITE B
 HOLLYWOOD FL 33021**

Name **Richard Van Deelen**

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

5935 Taft St

City

Hollywood,

FL

Zip Code

33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/00

**FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN DEELEN, RICHARD 5935 TAFT STREET HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUNZ, MELVIN 5935 TAFT STREET HOLLYWOOD FL 33021	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAREMAN, JANE 5935 TAFT STREET HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SICA, NIDIA M 5935 TAFT STREET HOLLYWOOD FL 33021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SHEPHERD CARE MINISTRIES, INC.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00
 Date

616-667-0677
 Daytime Phone #

CR2E037 (5/00)