FILED
Jul 30, 2002 8:00 am
Secretary of State
03-12-2002 91003 049 ****61.25

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3/12/

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756167

1. Entity Name

SHEPHERD CARE MINISTRIES, INC.

Principal Place of Business	Mailing Address
5935 TAFT STREET HOLLYWOOD FL 33021	1338 BALDWIN JENISON MI 49428

40191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5935 Taft Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hollywood, FL
Zip / Country	Zip: 33021 / 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
VAN DEELEN, RICHARD 5935 TAFT STREET HOLLYWOOD FL 33021	Name: SICA, Nidia M Street Address (P.O. Box Number is Not Acceptable): 5935 Taft Street 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: Nidia M Sica — 3/1/2002

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			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	PD WOOD, JEFFREY 5935 TAFT STREET HOLLYWOOD, FL 33021	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAREMAN, JANE 5935 TAFT STREET HOLLYWOOD FL 33021	☒ Delete	SD SICA, JOSEPH 5935 Taft Street Hollywood, FL 33021	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SICA, NIDIA M 5935 TAFT STREET HOLLYWOOD FL 33021	☒ Delete	Joseph D. Sica	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

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: Nidia M Sica — Nidia M Sica — 3/1/2002 — 954-981-2060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #