

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756167

FILED
Jan 13, 2005
Secretary of State

Entity Name: SHEPHERD CARE MINISTRIES, INC.

Current Principal Place of Business:

5935 TAFT STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5935 TAFT STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2022925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SICA, JOSEPH D. EXEC DIR
5935 TAFT STREET
HOLLYWOOD, FL 33021 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: PD () Delete
Name: WOOD, JEFFREY
Address: 5935 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: ED () Delete
Name: SICA, JOSEPH
Address: 5935 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: AD () Delete
Name: SICA, NIDIA M
Address: 5935 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEPH D. SICA

ED

01/13/2005

Electronic Signature of Signing Officer or Director

Date