

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90027 004 \*\*\*\*70.00

40013040



01182006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # F04000004544</b> 1. Entity Name SHEPHERD CENTER, INC.					
Principal Place of Business 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309			Mailing Address 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 51-0141601				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Allan Farnell, Assistant Vice President</u> <span style="float: right;">1/25/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULICNY, GARY PH.D.			NAME	
STREET ADDRESS	2020 PEACHTREE ROAD, NW			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309			CITY - ST - ZIP	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, JAMES H JR			NAME	
STREET ADDRESS	2020 PEACHTREE ROAD, NW			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309			CITY - ST - ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWALL, EMORY A			NAME	
STREET ADDRESS	2020 PEACHTREE ROAD, NW			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30309			CITY - ST - ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOT, STEPHEN B CLU			NAME	
STREET ADDRESS	600 W. PEACHTREE ST., STE. 1500			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30308			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, WILLIAM C			NAME	
STREET ADDRESS	3106 ANDREWS DR., NW			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 303052003			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, ALANA			NAME	
STREET ADDRESS	2020 PEACHTREE RD., NW			STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 30303			CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gary R. Ulicny</u>		Gary R. Ulicny, PhD		2/7/06      404-350-7311	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date      Daytime Phone #</small>					