

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004544

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SHEPHERD CENTER, INC.

## Current Principal Place of Business:

2020 PEACHTREE ROAD, NW  
ATLANTA, GA 30309 US

## New Principal Place of Business:

## Current Mailing Address:

2020 PEACHTREE ROAD, NW  
ATLANTA, GA 30309 US

## New Mailing Address:

FEI Number: 51-0141601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ULICNY, GARY R PH.D.  
Address: 2020 PEACHTREE ROAD, NW  
City-St-Zip: ATLANTA, GA 30309 US

Title: CD ( ) Delete  
Name: SHEPHERD, JAMES H JR  
Address: 2020 PEACHTREE ROAD, NW  
City-St-Zip: ATLANTA, GA 30309 US

Title: VD ( ) Delete  
Name: SCHWALL, EMORY A  
Address: 2964 PEACHTREE ROAD NE, SUITE 200  
City-St-Zip: ATLANTA, GA 30305 US

Title: SD ( ) Delete  
Name: GOOT, STEPHEN B CLU  
Address: 4380 HARRIS TRAIL, NW  
City-St-Zip: ATLANTA, GA 30327 US

Title: D ( ) Delete  
Name: FOWLER, WILLIAM C  
Address: 3106 ANDREWS DR., NW  
City-St-Zip: ATLANTA, GA 30305 US

Title: D ( ) Delete  
Name: SHEPHERD, ALANA  
Address: 2020 PEACHTREE RD., NW  
City-St-Zip: ATLANTA, GA 30309 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: ULICNY, GARY R PH.D.  
Address: 2020 PEACHTREE ROAD, NW  
City-St-Zip: ATLANTA, GA 30309 US

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

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

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

Title: TD (X) Change ( ) Addition  
Name: FOWLER, WILLIAM C  
Address: 3106 ANDREWS DR., NW  
City-St-Zip: ATLANTA, GA 30305 US

Title: SD (X) Change ( ) Addition  
Name: SHEPHERD, ALANA S  
Address: 2020 PEACHTREE RD., NW  
City-St-Zip: ATLANTA, GA 30309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GARY R. ULICNY, PH.D.

PCEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date