

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K73717 (6)
1. Corporation Name
SHEPHERD ACADEMY, INC.

Principal Place of Business
1246 TIMBERLANE ROAD
TALLAHASSEE FL 32312

Mailing Address
1246 TIMBERLANE ROAD
TALLAHASSEE FL 32312-1710



2. Principal Place of Business	3. Date Incorporated or Qualified 03/17/1989	3a. Date of Last Report 06/28/1996
21 Suite, Apt. #, etc.	4. FEI Number 59-2297610	Applied For Not Applicable
22 City & State	4a. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	ing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	ity for intangible tax under s. 199.032, <input type="checkbox"/> Yes <input type="checkbox"/> No	ew Registered Agent
9. Name and Address of Current DIXON, JAMES 902 NORTH GADSDEN ST. TALLAHASSEE FL 32303	THIS FEI # HAS BEEN INCORRECT FOR PAST FEW YEARS - DON'T KNOW HOW OR WHY?	ceptable)
81	82	83
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, DELORES A.	1.2 NAME	
STREET ADDRESS	1246 TIMBERLANE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Delores A. Shepherd* 4-9-97 904-893-4692

CR2E034 (9/96)