

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003904

FILED
Sep 08, 2009
Secretary of State

Entity Name: SHEPHERD NETWORK, INC.

Current Principal Place of Business:

800 5TH AVENUE SOUTH
SUITE 2003
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

800 5TH AVENUE SOUTH
SUITE 2003
NAPLES, FL 34102

New Mailing Address:

280 HENLEY DRIVE
NAPLES, FL 34104

FEI Number: 65-1023857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTENEGRO, CALIXTO
800 5TH AVENUE SOUTH
SUITE 2003
NAPLES, FL 34102 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: CALIXTO MONTENEGRO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MONTENEGRO, CALIXTO
Address: 280 HENLEY DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VD (X) Delete
Name: MUNOZ, RICHARD
Address: 4143 KATHY AVENUE
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Delete
Name: SANTORO, STEPHEN
Address: 741 10TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: RIGER, CHARLES
Address: 62 W. WICKLIFFE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: MONTENEGRO, DEIDRE
Address: 280 HENLEY DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: RIGER, SUSAN
Address: 62 W. WICKLIFFE DRIVE
City-St-Zip: NAPLES, FL 34110

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:

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 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: CALIXTO MONTENEGRO

PD

09/08/2009

Electronic Signature of Signing Officer or Director

Date