

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90004 026 \*\*\*\*70.00

**DOCUMENT # N00000005004**

1. Entity Name  
**THE SHEPHERD'S STAFF, INC.**



Principal Place of Business, Mailing Address  
**6507 B WOODLAKE VILLAGE CT**  
**MIDLOTHIAN, VA 23112**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01092004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1029404** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLACKWOOD, REV. DR DEBORAH**  
**6158 TURNBURY PARK DR #1202**  
**SARASOTA, FL 34243**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **DAVIS, ANN B REV.**  
STREET ADDRESS **6126 TURNBURY PARK DR #10104**  
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **TD** ☐ Delete  
NAME **TAYLOR, ELAINE**  
STREET ADDRESS **6126 TURNBURY PARK DR #10106**  
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **SD** ☐ Delete  
NAME **JONES-BAZE, KATHLEEN**  
STREET ADDRESS **3098 LAMPLIGHTER DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete  
NAME **BLACKWOOD, DEB REV**  
STREET ADDRESS **6158 TURNBURY PARK DR., #1202**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **D** ☐ Delete  
NAME **LLEWELLYN, D'ARLENE**  
STREET ADDRESS **737 TROPICAL CIR**  
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6507 B WOODLAKE VILLAGE CT**  
CITY-ST-ZIP **MIDLOTHIAN, VA 23112**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6507 B WOODLAKE VILLAGE CT**  
CITY-ST-ZIP **MIDLOTHIAN, VA 23112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **LENK, ANN J.**  
STREET ADDRESS **756 SARABAY RD**  
CITY-ST-ZIP **OSPREY, FL 34229**

12. I 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 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:** Ann B Davis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 9, 2004  
Date

Daytime Phone #