

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90027 026 \*\*\*\*70.00

**DOCUMENT # N00000005004**

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



Principal Place of Business  
**10831 W. BROAD ST., #236  
GLEN ALLEN, VA 23060**

Mailing Address  
**10831 W. BROAD ST., #236  
GLEN ALLEN, VA 23060**

**40011370**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005

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

**LLEWELLYN, D'ARLENE MRS  
737 TROPICAL CIRCLE  
SARASOTA, FL 34242**

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, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>DAVIS, ANN B REV.<br>6507 B WOODLAKE VILLAGE CT<br>MIDLOTHIAN, VA 23112 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TAYLOR, ELAINE<br>6507 B WOODLAKE VILLAGE CT<br>MIDLOTHIAN, VA 23112    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>JONES-BAZE, KATHLEEN<br>3098 LAMPLIGHTER DRIVE<br>SARASOTA, FL 34234    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLACKWOOD, DEB REV<br>6158 TURNBURY PARK DR., #1202<br>OSPREY, FL 34229  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LLEWELLYN, D'ARLENE<br>737 TROPICAL CIR<br>SARASOTA, FL 34242            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LENK, ANN J<br>SARABAY RD<br>OSPREY, FL 34229                            | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>363 HIGH BANK DR<br>BUMPASS, VA 23024               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>CARRIAGE HOUSE / 363 HIGH BANK<br>BUMPASS, VA 23024 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>14103 WILFORD CT<br>CHARLOTTE NC 28277              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>756 SARABAY RD<br>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:**

*Elaine L. Taylor* ELAINE L. TAYLOR, TREASURER

Date

1/31/2005

Daytime Phone #

540-872-9461