

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90101 029 \*\*\*\*70.00

**DOCUMENT # N00000005004**

1. Entity Name

**THE SHEPHERD'S STAFF, INC.**



Principal Place of Business

**6126 TURNBURY PARK DRIVE  
#10104  
SARASOTA FL 34243**

Mailing Address

**6126 TURNBURY PARK DRIVE  
#10104  
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**DAVIS, ANN B REV.  
6126 TURNBURY PARK DRIVE  
#10104  
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

**FILE NOW: FEE IS \$61.25**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C/D** ☒ Change ☐ Addition  
NAME **(SAME)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T/D** ☒ Change ☐ Addition  
NAME **(SAME)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/D** ☒ Change ☐ Addition  
NAME **(SAME)**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **BLACKWOOD, DEB REV.**  
STREET ADDRESS **6158 TURNBURY PARK DR. #1202**  
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☐ Change ☒ Addition  
NAME **LENK, ANN J.**  
STREET ADDRESS **~~P.O. BOX 1210~~ 7156 SARABAY RD**  
CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **D** ☐ Change ☒ Addition  
NAME **LLEWELLYN, D'ARNE**  
STREET ADDRESS **737 TROPICAL CIRCLE**  
CITY-ST-ZIP **SARASOTA, FL 34242**

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:

**Signature Required**

**1/29/2003**

**941-358-6262**

CR2E037 (10/02)