

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90087 048 ****70.00

DOCUMENT # N00000005821

1. Entity Name

SHEPHERD'S GATE, INC.



Principal Place of Business

**1915 FERGUSON RD.
CHIPLEY FL 32428**

Mailing Address

**P.O. BOX 35154
PANAMA CITY FL 32412**

2. Principal Place of Business

1915 FERGUSON RD

3. Mailing Address

1915 FERGUSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

CHIPLEY, FL

City & State

CHIPLEY, FL

4. FEI Number **59-3606781**

Applied For

☐ Not Applicable

Zip

32428

Country

USA

Zip

32428

Country

USA

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

6. Name and Address of Current Registered Agent

**GUY, JAMES E
1915 FERGUSON RD.
WAUSUA FL**

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 **JAMES E. GUY**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1-17-03

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 **PD** ☐ Delete
NAME **GUY, JAMES E**
STREET ADDRESS **2825 PIONEER RD.**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **VD** ☐ Delete
NAME **BOOP, DONALD**
STREET ADDRESS **P. O. BOX 303**
CITY-ST-ZIP **WAUSAU FL 32463**

TITLE **STD** ☒ Delete
NAME **FERGUSON, RODNEY**
STREET ADDRESS **900 DOGWOOD WAY**
CITY-ST-ZIP **PANAMA CITY FL 32404**

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **3525 Quail Ridge Dr**
CITY-ST-ZIP **CHIPLEY, FL 32428**

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

TITLE **STD** ☒ Change ☒ Addition
NAME **GUY, NAOMI**
STREET ADDRESS **3525 Quail Ridge Dr**
CITY-ST-ZIP **CHIPLEY, FL 32428**

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

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: **JAMES E. GUY** *[Signature]* **1-17-03** **800-773-1336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)