

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006647

1. Entity Name
SHEPHERD'S CENTER OF THE FIRST COAST, INC.



Principal Place of Business
**1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

Mailing Address
**1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**



07132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARLINGTON UNITED METHODIST CHURCH, INC.
1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

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IN THIS SPACE**

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MIXON, KENNETH
1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHESTER, TOMMY
1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARNETT, JUDY
1400 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

000000376254
08/12/05-80001-012 \$1.25

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: Judy Barnett Vice - Pres. SCFC 8-10-05 904-744-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #