

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 SEP -3 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3741210
Applied For
Not Applicable

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

DOCUMENT # N01000006063

1. Entity Name
SHEPHERD'S FUND CORPORATION



Principal Place of Business
2709 ALLEN RD., STE. 100
TALLAHASSEE, FL 32312
Mailing Address
2709 ALLEN RD., STE. 100
TALLAHASSEE, FL 32312

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

VIKER, KATHERINE
3502 LIMENCK DR.
TALLAHASSEE, FL 32309

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 7/20/04
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 8, 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	P	<input type="checkbox"/> Delete
NAME	VIKER, KATHERINE	
STREET ADDRESS	3502 LIMERICK DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	SAVITZ, JASON	
STREET ADDRESS	1914 LARETTE DR., APT. D	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	S	<input type="checkbox"/> Delete
NAME	COX, BARBARA A	
STREET ADDRESS	WHITNEY DR EAST	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	BM	<input type="checkbox"/> Delete
NAME	COLLIER, CHARLENE	
STREET ADDRESS	331 2ND ST.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	BM	<input type="checkbox"/> Delete
NAME	WEBER, GAE	
STREET ADDRESS	10431 DEERWOOD CLUB RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	VIKER, DACQUES	
STREET ADDRESS	3502 LIMERICK DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500041096455
09/15/04--01025--009 **\$61.25

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: Katherine Viker 7/20/04 553-3369 ex 7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #