

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000008012**

1. Entity Name

THE SHEPHERD'S HOUSE OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**7040 W. PALMETTO PARK ROAD #4-635
BOCA RATON FL 33433****7040 W. PALMETTO PARK ROAD #4-635
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1146173

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, W. GORDON
7040 W. PALMETTO PARK ROAD #4-635
BOCA RATON FL 33433**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

FC
33**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **D FREEMAN, W. GORDON** ☐ Delete
STREET ADDRESS **7040 W. PALMETTO PARK ROAD #4-635**
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE
NAME **FAIES, Jim** ☐ Change ☒ Addition
STREET ADDRESS **5093 MARIA DRIVE**
CITY-ST-ZIP **Boynton BEACH, FL 33436**TITLE
NAME **D PANELLA, MICKEY** ☐ Delete
STREET ADDRESS **22575 LANYARD ST**
CITY-ST-ZIP **BOCA RATON FL 33428**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **D MARTINOLLI, BOB** ☒ Delete
STREET ADDRESS **81 BRITTANY (B)**
CITY-ST-ZIP **DELRAY BEACH FL 33446**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: **W. Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90145 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)