

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007595

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: THE SHEPHERD'S GARDEN, INC.

**Current Principal Place of Business:**

6110 MYAKKA VALLEY TRAIL  
SARASOTA, FL 34241

**New Principal Place of Business:**

**Current Mailing Address:**

6110 MYAKKA VALLEY TRAIL  
SARASOTA, FL 34241

**New Mailing Address:**

FEI Number: 37-1447197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TURNER, ROBERT H  
6110 MYAKKA VALLEY TRAIL  
SARASOTA, FL 34241 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TURNER, ROBERT H  
Address: 6110 MYAKKA VALLEY TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: D ( ) Delete  
Name: SMYZER, ROGER E  
Address: 250 SIESTA LANE  
City-St-Zip: LARGO, FL 33770

Title: D ( ) Delete  
Name: SCHAEGLER, ANGELA  
Address: 1701 EMERALD DRIVE  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: BIRD, LORRAINE  
Address: 18131 GULF BLVD., STE AA  
City-St-Zip: REDINGTON SHORES, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCHAEGLER, ANGELA  
Address: 6110 MYAKKA VALLEY TRAIL  
City-St-Zip: SARASOTA, FL 34241

Title: T (X) Change ( ) Addition  
Name: BIRD, LORRAINE  
Address: 6110 MYAKKA VALLEY TRAIL  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE BIRD

T

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date