


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

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

01-23-2003 90084 009 \*\*\*\*61.25

**DOCUMENT # N02000007595**

1. Entity Name  
**THE SHEPHERD'S GARDEN, INC.**



Principal Place of Business  
~~18201 GULF BLVD. #401  
REDINGTON SHORES FL 33708~~

Mailing Address  
18201 GULF BLVD. #401  
REDINGTON SHORES FL 33708

2. Principal Place of Business  
**6110 MYAKKA VALLEY TRAIL**

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

City & State  
**STARBUCKS, FL**

City & State

Zip  
**34241** Country  
**USA**

4. FEI Number  
**37-1447197**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**TURNER, ROBERT H  
18201 GULF BLVD. #401  
REDINGTON SHORES FL 33708**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 <b>D, PRES.</b>	<input type="checkbox"/> Delete
NAME <b>TURNER, ROBERT H</b>	
STREET ADDRESS <b>18201 GULF BLVD. #401</b>	
CITY-ST-ZIP <b>REDINGTON SHORES FL 33708</b>	
TITLE <b>D, SECTY.</b>	<input type="checkbox"/> Delete
NAME <b>SMYZER, ROGER E</b>	
STREET ADDRESS <b>250 SIESTA LANE</b>	
CITY-ST-ZIP <b>LARGO FL 33770</b>	
TITLE <b>D.</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SCHAEDLER, ANGELA</b>	
STREET ADDRESS <b>1701 EMERALD DRIVE</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33756</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 <b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BIRD, LORRAINE</b>	
STREET ADDRESS <b>18131 GULF BLVD., STE. AA</b>	
CITY-ST-ZIP <b>REDINGTON SHORES, FL 33708</b>	
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	

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: *[Signature]* 01-20-03 727-893-7469

CR2E037 (10/02)