

**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 D, PRES. | <input type="checkbox"/> Delete |
| NAME TURNER, ROBERT H | |
| STREET ADDRESS 18201 GULF BLVD. #401 | |
| CITY-ST-ZIP REDINGTON SHORES FL 33708 | |
| TITLE D, SECTY. | <input type="checkbox"/> Delete |
| NAME SMYZER, ROGER E | |
| STREET ADDRESS 250 SIESTA LANE | |
| CITY-ST-ZIP LARGO FL 33770 | |
| TITLE D. | <input checked="" type="checkbox"/> Delete |
| NAME SCHAEDLER, ANGELA | |
| STREET ADDRESS 1701 EMERALD DRIVE | |
| CITY-ST-ZIP CLEARWATER FL 33756 | |
| 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 TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BIRD, LORRAINE | |
| STREET ADDRESS 18131 GULF BLVD., STE. AA | |
| CITY-ST-ZIP REDINGTON SHORES, FL 33708 | |
| 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)