


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 035 ****70.00

DOCUMENT # N03000000444

1. Entity Name
SHEPHARD'S FOLD, INC.



Principal Place of Business
 5739 NE 70TH AVE
 HIGH SPRINGS, FL 32643

Mailing Address
 5739 NE 70TH AVE
 HIGH SPRINGS, FL 32643

54056416



2. Principal Place of Business
4972 Columbia AVE

3. Mailing Address
4972 Columbia AVE

Suite, Apt. #, etc.
SPRING HILL

05282004 Chg-NP CR2E037 (10/03)

City & State
SPRING HILL, TN

City & State
TENNESSEE

Zip
37174

Country
USA

Zip
37174

Country
USA

4. FEI Number
02-0669662

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FLEMING, JACALYN M
 5739 NE 70TH AVE
 HIGH SPRINGS, FL 32643

7. Name and Address of New Registered Agent

Name
AARON A O'CONNELL

Street Address (P.O. Box Not Permitted)
831 CARMARGO WAY

APT 211 BUILDING 8

City
ALTAMONTE SPRINGS FL

Zip Code
32714

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: **AARON A. O'CONNELL** *Aaron O'Connell* / 26/04
(NOTE: Registered Agent signature required when reinstating) DATE

director / member of board

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	D	
NAME	O'CONNELL, AARON A	
STREET ADDRESS	8708 TALL PINES LANE	
CITY-ST-ZIP	ORLANDO, FL 32825 (below)	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, RUFUS A	
STREET ADDRESS	27508 NW 182ND AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, ERNA	
STREET ADDRESS	110 NE 7TH AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, JACALYN M	
STREET ADDRESS	5739 NE 70TH AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERRI FRANCHINI	
STREET ADDRESS	113 HOYT BRANCH	
CITY-ST-ZIP	NASHVILLE, TN 37211	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL JULE	
STREET ADDRESS	4972 COLUMBIA AVE	
CITY-ST-ZIP	SPRING HILL, TN 37174	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ERNA	
STREET ADDRESS	110 NE 7TH AVE	
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, JACALYN	
STREET ADDRESS	4972 COLUMBIA AVE	
CITY-ST-ZIP	SPRING HILL, TN 37174	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, AARON	
STREET ADDRESS	831 CARMARGO WAY Apt 211	
CITY-ST-ZIP	BUILDING 8 ALTAMONTE SPRINGS, FL 32714	
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: **JACALYN MARY FLEMING** *Jacalyn Mary Fleming* / 5/26/04 615-302-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #