


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 032 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000444
 7. Entity Name
 SHEPHARD'S FOLD, INC.



14015969

Principal Place of Business Mailing Address
 JACALYN FLEMING JACALYN FLEMING
 1240 W. HUBBARD AVE^{US} 1240 W. HUBBARD AVE
 Deland, FL 32720 Deland, FL 32720



04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0669662 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 From AARON O'CONNELL 823 CAMARGOWAY AVE
 ALTAMONTE, FL 32714
 TO JACALYN MARY FLEMING
 1240 W. HUBBARD AVE
 Deland FL 32720

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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 Jacalyn Mary Fleming DATE April 22, 2005
Signature, typed or printed name of registered agent and, if applicable, the registered agent's name to be replaced by the filer
 JACALYN MARY FLEMING

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	O'CONNELL, JULE	1240 W Hubbard Ave	Deland, FL 32720
D	ARMSTRONG, ERNA	110 NE 7TH AVE	HIGH SPRINGS, FL 32643
D	FLEMING, JACALYN M	1240 W. Hubbard Ave	Deland, FL 32720
D	GERR, FRANCHINI	113 HOLT BRANCH	NASHVILLE, TN 37211

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: Jule Ann O'Connell DATE: April 22, 2005 PHONE: 386-589-3631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jule Ann O'Connell