2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 19, 2006 8:00 am

| | ANNUAL | REPORT : | | Secretary of State | | |
|--|---|---|---|------------------------------------|--|--|
| DOCUMENT # N0300000444 1. Entity Name SHEPHARD'S FOLD, INC. | | | | 04-19-2006 90084 030 ****61.25 | | |
| Principal Place of Business JACALYN FLEMING 1240 W HUBBARD AVE DELAND, FL 32720 US | | Mailing Address JACALYN FLEMING 1240 W HUBBARD AVE DELAND, FL 32720 US | | 40053395 | | |
| 2. Principal Place of Business 3. | | 3. Mailing Address Julieo' CONNELL | | | | |
| Suite, Apt. #, etc. MOORESUITE, A.C. City & State | | Suite, Apt. #, etc. 3 2 M & SS City & State | | | | Applied For |
| 2P8115 Country A 2P8115 | | Country | 5. Certificate of St. | atus Desired | Not Applicable 88.75 Additional | |
| 6. Name and Address of Current Registered Agent | | | <u>usa</u> | | ress of New Registered A | ee Required |
| FLEMING, JACALYN M. 1240 W HUBBARD AVE DELAND, FL 32720 | | | Name ARON A. O'CONNECL Street Address (P.O. Box Number is Not Acceptable) SAN FORD City FL Zip Code 3, 2773 | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed obprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Part In the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed obprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to | | | | | | |
| | Due by May 1, 2006 | Trust Fund Contril | | Added to Fees | Florida Depart | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND DIF D O'CONNELL, JULE 1240 W HUBBARD AVE DELAND, FL 32720 D ARMSTRONG, ERNA | Delete ' | TITLE, VAME STREET ADDRESS DITY-ST-ZIP TITLE VAME | D/P O'CONNE BAIMES MOORES | ESTO OFFICERS AND DIR CL. JULIE SICIELAUE SUITE, NC | ☐ Change ☐ Addition 28115 ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 110 NE 7TH AVE HIGH SPRINGS, FL 32643 | li l | STREET ADDRESS | 110 25 | 7th Aue Sprinb | S FI 3243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLEMING, JACALYN M 1240 W HUBBARD AVE DELAND, FL 32720 | ☐ Delete | NAME STREET ADDRESS CITY-ST-ZIP | SZI MES MOORE | SUITE NO | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GERR, FRANCHINI 113 HOLT BRANCH NASHVILLE, TN 37211 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP |)/UP CERRI F | fanchini | DRIVE Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AARON 142 W SANFO | O'CONNEC ILDWOOD PD. FL | Change Daddition CORIVE 3 2 7 7 3 |
| TITLE NAME | | | TITLE NAME | • 1 | - 1 . — | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGN