

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 032 ****61.25

60006793



DOCUMENT # N03000000444					
1. Entity Name SHEPHARD'S FOLD, INC.					
Principal Place of Business JULIE O'CONNELL 321 MESSICK AVE MOORESVILLE, NC 28115 US			Mailing Address JULIE O'CONNELL 321 MESSICK AVE MOORESVILLE, NC 28115 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 02-0669662	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNELL, AARON A 142 WILDWOOD DR SANFORD, FL 32773			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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'CONNELL, JULIE	NAME	BILL JOHNSON		
STREET ADDRESS	321 MESSICK AVE	STREET ADDRESS	212 GAINBLE STREET		
CITY-ST-ZIP	MOORESVILLE, NC 28115	CITY-ST-ZIP	DAVIDSON, NC 28036		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	ARMSTRONG, ERNA	NAME			
STREET ADDRESS	110 NE 7TH AVE	STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	DIVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLEMING, JACALYN M	NAME	FLEMING, JACALYN M		
STREET ADDRESS	321 MESSICK AVE	STREET ADDRESS	321 MESSICK AVE		
CITY-ST-ZIP	MOORESVILLE, NC 28115	CITY-ST-ZIP	MOORESVILLE, NC 28115		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERR, FRANCHINI	NAME	Franchini, GERRI		
STREET ADDRESS	20216 HARROWAY DR	STREET ADDRESS	20216 HARROWAY DR		
CITY-ST-ZIP	CORNELIUS, NC 28031	CITY-ST-ZIP	CORNELIUS, NC 28031		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	O'CONNELL, AARON	NAME			
STREET ADDRESS	142 WILDWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE A. O'CONNELL
 JULIE A. O'CONNELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07 704-777-5775
 Date Daytime Phone #