## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000444

Entity Name: SHEPHARD'S FOLD, INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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JULIE O"CONNELL JULIE O"CONNELL 2016 CORNELL AVE 21201 CORNELIUS ST

CORNELIUS, NC 28031 US WINTER PARK, FL 32789 US

**Current Mailing Address:** New Mailing Address:

JULIE O"CONNELL JULIE O"CONNELL 2016 CORNELL AVE 21201 CORNELIUS ST CORNELIUS, NC 28031 US WINTER PARK, FL 32789

US

FEI Number: 02-0669662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'CONNELL, AARON A O'CONNELL, JULIE A P 2016 CORNÉLL AVE 142 WILDWOOD DR

SANFORD, FL 32773 US WINTER PARK, FL 32789 US

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.

SIGNATURE: JULIE A. O'CONNELL 03/11/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change ( ) Addition () Delete O'CONNELL, JULE O'CONNELL, JULE Name: Name:

21201 CORNELIUS ST Address: 2016 CORNELL AVE Address: City-St-Zip: CORNELIUS, NC 28031 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: () Change () Addition

ARMSTRONG, ERNA Name: Name: Address: 110 NE 7TH AVE Address: City-St-Zip: HIGH SPRINGS, FL 32643 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change ( ) Addition

FLEMING, JACALYN M Name: FLEMING, JACALYN M Name: 21201 CORNELIUS ST Address: Address: 2016 CORNELL AVE City-St-Zip: CORNELIUS, NC 28031 City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: D/FA (X) Change ( ) Addition

GERR, FRANCHINI GERR, FRANCHINI Name: Name: 20216 HARROWAY DR FOREST ISLAND DRIVE Address: Address: City-St-Zip: CORNELIUS, NC 28031 City-St-Zip: CORNELIUS, NC 28031

Title: Title: () Delete () Change () Addition

O'CONNELL, AARON Name: Name: 142 WILDWOOD DR Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

JOHNSON, BILL Name: Name: Address: 212 GAMBLE STREET Address: DAVIDSON, NC 28036 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACALYN M.FLEMING DNP 03/11/2009

Electronic Signature of Signing Officer or Director

Date