

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001110

1. Entity Name
THE SHEPHERD'S CENTER-BEACHSIDE, INC.



Principal Place of Business
**1053 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937**

Mailing Address
**1053 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937**



01222006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0076875

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**BOUDRIE, JOYCE L
1053 PINETREE DR
INDIAN HARBOUR BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR.
BOUDRIE, LARRY F DIR
222 SAND PINE RD
INDIAN LANTIC, FL 32903**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
NOELIN, KLYNE PRES
440 PT ROYAL
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC.
MCGLOTHLIN, SIGGI SEC
330 THYME
SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11110000401464
02/02/06-P0044-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/22/06 321-777-1700