FLORIDA CORPORATION ANNUAL REPORT 1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED
FILED
95 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15806 (5)

1. Corporation Name

SHEPHERD'S CENTER OF CORAL SPRINGS, INC.

Principal Place of Business	Mailing Address
PO BOX 9144 600 W SAMPLE RD CORAL SPRINGS FL 33075 US	600 CORPORATE DR 420 FT LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1986
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2677884 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8650 W. Sample Road	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 602
City & State 23 Coral Springs, FL	City & State 28
Zip 24 33065 Country 25 Broward	Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEIMARK, CORT A. 600 CORPORATE DR SUITE 420 FT LAUDERDALE FL 33334	81 Name: CORT A. NEIMARK 82 Street Address (P.O. Box Number is Not Acceptable) 83 602 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cort A. Neimark
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SINGER, LOUISE A	12 NAME	300001491923
STREET ADDRESS	3575 BROKEN WOODS DR #101	13 STREET ADDRESS	-05/17/95--01146--018
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, ROD	22 NAME	
STREET ADDRESS	6910 N. W. 11TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CASEY, DOROTHY	32 NAME	
STREET ADDRESS	3722 UNIVERSITY DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BRADFORD, MILDRED	42 NAME	
STREET ADDRESS	8421 NW 26 DR	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP	
TITLE	SX	51 TITLE	☐ Change ☐ Addition
NAME	[illegible]	52 NAME	
STREET ADDRESS	1750 UNIVERSITY DR. #217	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SEIL, DONNA	62 NAME	
STREET ADDRESS	11000 LAKEVIEW DR	63 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna J. Seil (DONNA J. SEIL) 5/03/95 (305-755-0445)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000787