

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

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90250 029 \*\*\*\*61.25

**DOCUMENT # N36796**

1. Entity Name  
**TARPON SPRINGS SHEPHERD CENTER, INC.**



Principal Place of Business  
**101 W. COURT ST.  
TARPON SPRINGS, FL 34689**

Mailing Address  
**P O BOX 1766  
TARPON SPRINGS, FL 34688-1766**

40039100



01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3070882**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BURRUSS, MARY  
135 WHITCOMB BLVD  
TARPON SPRINGS, FL 34689**

**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 title 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  
**P  
FISCHEN, DELBERT  
1492 BIG BASS DRIVE  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KIEFER, JOSEPH  
1412 SUNSET RD  
TARPON SPRINGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
VOM EIGEN, CARL  
409 WHITCOMB BLVD  
TARPON SPRGS, FL 34689**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MACLAUGHLIN, PATTY  
1745 OYSTER PORT WAY  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

**President**

**3-23-06**

Date

Daytime Phone #

**944-4515**