2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36796

FILED Mar 19, 2008 Secretary of State

Entity Name: TARPON SPRINGS SHEPHERD CENTER, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
101 W. C	OURT ST. SPRINGS, FL					
Current Mailing Address:			New Mailin	New Mailing Address:		
P O BOX TARPON	1766 SPRINGS, FL	346881766				
FEI Number: 59-3070882 FEI Number Applied For ()			FEI Number Not Appli	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
TARPON The above	COMB BLVD SPRINGS, FL e named entity		purpose of changing it	s registered office or registered agent, or both,		
in the Stat	te of Florida.					
SIGNATU						
	Electro	nic Signature of Registered A	jent	Date		
OFFICER	S AND DIREC	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	FISCHER, DE 1492 BIG BAS		Title: Name: Address: City-St-Zip:	P (X) Change () Addition KIEFER, JOSEPH 1412 SUNSET RD TARPON SPRINGS, FL 34689		
Title: Name: Address: City-St-Zip:	KIEFER, JOSE 1412 SUNSET		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition KOUSKOUTIS, N MICHAEL ESQ 623 E TARPON AVE TARPON SPRINGS, FL 34689 US		
Title: Name: Address: City-St-Zip:	VOM EIGEN, 0 409 WHITCOM		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T (MACLAUGHLII 1745 OYSTER PALM HARBO	PORT WAY	Title: Name: Address: City-St-Zip:	T (X) Change () Addition ALDERMAN, ROBERT L CPA 27 N RING AVE TARPON SPRINGS, FL 346894303		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition DABBS, ANNIE 803 S DISSTON AVE TARPON SPRINGS, FL 34689		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GUNDERSON, BRIAN CPA 1232 JASMINE LAKE DR TARPON SPRINGS, FL 34689		

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: ROBERT L ALDERMAN T 03/19/2008