

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36796

FILED
Apr 22, 2009
Secretary of State

Entity Name: TARPON SPRINGS SHEPHERD CENTER, INC.

Current Principal Place of Business:

101 W. COURT ST.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P O BOX 1766
TARPON SPRINGS, FL 346881766

New Mailing Address:

FEI Number: 59-3070882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALDERMAN, ROBERT L CPA
2643 BRINLEY DRIVE
TRINITY, FL 34655 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: ROBERT L. ALDERMAN CPA

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KIEFER, JOSEPH
Address: 1412 SUNSET RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: KOUSKOUTIS, N MICHAEL ESQ
Address: 623 E TARPON AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: S () Delete
Name: VOM EIGEN, CARL
Address: 409 WHITCOMB BLVD
City-St-Zip: TARPON SPRGS, FL 34689 US

Title: T () Delete
Name: ALDERMAN, ROBERT L CPA
Address: 27 N RING AVE
City-St-Zip: TARPON SPRINGS, FL 346894303

Title: D () Delete
Name: DABBS, ANNIE
Address: 803 S DISSTON AVE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: GUNDERSON, BRIAN CPA
Address: 1232 JASMINE LAKE DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: ALDERMAN, ROBERT L CPA
Address: 27 N RING AVE
City-St-Zip: TARPON SPRINGS, FL 346894303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ROBERT L. ALDERMAN CPA

D/T

04/22/2009

Electronic Signature of Signing Officer or Director

Date