DOCUMENT # N38735

1. Entity Name
SEMINOLE INTERFAITH SHEPHERD CENTER, INC.



FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90346 044 ****61.25

Principal Place of Business

9530 STARKEY ROAD SEMINOLE, FL 33777 US

Mailing Address P O BOX 7071 SEMINOLE, FL 33775 US

SETTINGEE, I	2 33/// 03	SET-INFOLE, LE 33773	03				3
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092006 _C	hg-NP CR2E	037 (11/05)	ı
City & State		City & State		4. FEI Number 59-302866	 62		Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired 🔲	\$8.75 A Fee Requi	dditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
4750 COV #502 SAINT PE	ROBERT W E CIRCLE N. TERSBURG, FL 33708 named entity submits this statement for	or the purpose of changing its re	Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code gistered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable				
SIGNATURE Signature. When or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Florida Dep		State
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	SES TO OFFICERS AND	DIRECTORS	N 10 ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, JACK 1910 NORTH FORK CIRCLE CLEARWATER, FL 33760	™ Delete	NAME	D Walker 11425Ship Largo,	Jean swatch L FL 337	□ Change Q~1 e_ ³ 74	~ 1814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALKER, JEAN 11425 SHIPWATCH LANE, #181 LARGO, FL 33774	Ø Delete 4	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 /		☐ Change	Additio
NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, ROBERT W 4750 COVE CIRCLE, N., UNIT # SAINT PETERSBURG, FL 3370		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	: ☐ Additic
TITLE NAME STREET ADDRESS CITY-SY-ZIP	CS BAUR, ELAINE 10215 REGAL DRIVE, APT. #36 LARGO, FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		☐ Change	Additio
Indicated of the cor	certify that the information supplied with on this report or supplemental report is programment or the receiver or trustee empor on an attachment with an address,	s true and accurate and that my owered to execute this report as	cionaturo chall have	a tha cama larial affart oc	if made under oath; that nd that my name appear	Lors on office	er or director or Block 11 i

SIGNATURE: Pollert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

April 10, 2006

Daytime Phone #