NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State
05-27-2003 90174 041 ****70.00

DOCUMENT # N38735

1. Entity Name
Seminole Interfaith Shepherd Center, Inc

DO NOT WRITE IN THIS SPACE

55049819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9530 STARKEY RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 7071
City & State Seminole FL	City & State Seminole FL
Zip 33777 Country USA	Zip 33775 Country USA

4. FEI Number 59-3028662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired N.F.W. ☒ **$8.75** Additional Fee Required

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7. Name and Address of ~~Current~~ Registered Agent

Name Robert W. Taylor

Street Address (P.O. Box Number is Not Acceptable) 4750 Cove Circle, N. - #502

City St Petersburg, FL Zip Code 33708

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.

ROBERT W. TAYLOR

SIGNATURE Robert W. Taylor May 23, 2003

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

President
Marjorie Dougherty - D
11200 102nd Ave., North, #28
Seminole, Fl 33778

Vice-President - D
Chuck Pond
2035 20th Ave. Parkway
Indian Rocks Beach, FL 33785

Treasurer - D
Robert W. Taylor
4750 Cove Circle, N., Unit #502
St. Petersburg, FL 33708

Recording Secretary
Madeleine Lawrence
4740 Huron Road
Madeira Beach, FL 33708

Corresponding Secretary
Elaine Baur
10215 Regal Drive, Apt. #36
Largo, FL 33774

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

ROBERT W. TAYLOR 727-392-7987

SIGNATURE: Robert W. Taylor May 23, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #