

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morihani  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42476** (4)

1. Corporation Name

**THE SHEPHERD'S MIND & HEART, INC.**



Principal Place of Business

Mailing Address

~~20506 SW 92 CT~~  
**MIAMI FL 33189**

~~20506 SW 92 CT~~  
**MIAMI FL 33189**

3. Date Incorporated or Qualified  
**03/13/1991**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 **9871 SW 184TH Street**

26 **9871 SW 184TH St**

4. FEI Number  
**59-3064000**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
**Miami, Florida**

27 City & State  
**Miami, FL**

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

23 Zip **33157** Country **USA**

28 Zip **33157** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, PAUL M**  
**20506 SW 92 CT**  
**MIAMI FL 33189**

81 Name **Paul Rose**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9871 SW 184TH Street**  
83  
84 City **Miami** FL 85 Zip Code **33157**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Paul M. Rose*

(Signature, typed or printed name of registered agent and date of appointment)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **ROSE, PAUL M.**  
STREET ADDRESS **20506 SW 92 CT**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **President/Director** ☒ Change ☐ Addition  
1.2 NAME **Rose, Paul M.**  
1.3 STREET ADDRESS **8865 SW 176 Terr**  
1.4 CITY-ST-ZIP **Miami, FL 33157**

TITLE **VD** ☐ DELETE  
NAME **ROSE, CHRISTOPHER**  
STREET ADDRESS **9753 SW 104TH STREET, APT. D-108**  
CITY-ST-ZIP **MIAMI FL 33156**

2.1 TITLE **Vice-President/Director** ☒ Change ☐ Addition  
2.2 NAME **Rose, Christopher M.**  
2.3 STREET ADDRESS **20504 SW 92nd Court**  
2.4 CITY-ST-ZIP **Miami, FL 33189**

TITLE **STD** ☐ DELETE  
NAME **FUGE, MARIANNE**  
STREET ADDRESS **13209 SW 95 AVE**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **Secretary/Treasurer/Director** ☒ Change ☐ Addition  
3.2 NAME **Fuge, Marianne**  
3.3 STREET ADDRESS **3000 A South Fletcher**  
3.4 CITY-ST-ZIP **Fernandina, FL 32034**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE **7000001771854** ☐ Change ☐ Addition  
5.2 NAME **-04/08/96--01025--010**  
5.3 STREET ADDRESS **\*\*\*\$1.25**  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul M. Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 22, 1996* 305-255-9673  
Date Date/Time Phone #

CR2E037 (12/95)

*PM 4-6-96*