

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45750 (9)
 1. Corporation Name
SHEPHERD'S VILLAGE, INC.



Principal Place of Business 12685 ULMERTON RD. LARGO FL 34644	Mailing Address 12685 ULMERTON RD. LARGO FL 34644
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3. Date Incorporated or Qualified
10/25/1991

4. FEI Number 59-3096209	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**FORD, EDWIN I
 2310 W. BAY DR.
 LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, EDWIN I	1.2 NAME	
STREET ADDRESS	2310 W. BAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34640	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, RONALD	2.2 NAME	
STREET ADDRESS	14535 MARK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, PHYLLIS	3.2 NAME	
STREET ADDRESS	11730 SHIPWATCH DR, #602	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CAROL	4.2 NAME	
STREET ADDRESS	1588 GULF BLVD. #2704	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROZZA, DAVID	5.2 NAME	
STREET ADDRESS	10885 DEL PRADE DR. E	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34644	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, MARK	6.2 NAME	
STREET ADDRESS	8047 BAYHAVEN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	6.4 CITY-ST-ZIP	

14. 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 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: *Phyllis Alderman*

CP2E037 (10/97)