

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90139 040 ****70.00

DOCUMENT # N45750

1. Entity Name

SHEPHERD'S VILLAGE, INC.

Principal Place of Business

Mailing Address

12685 ULMERTON RD.
 LARGO FL 33774

12685 ULMERTON RD.
 LARGO FL 33774-3603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3096209

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, EDWIN I
2310 W. BAY DR.
LARGO FL 34640

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	LUDWINSKI, DICK	
STREET ADDRESS	1270 MAPLE ST SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK, RONALD	
STREET ADDRESS	14535 MARK DR.	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDERMAN, PHYLLIS	
STREET ADDRESS	11730 SHIPWATCH DR, #602	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, CAROL	
STREET ADDRESS	1586 GULF BLVD. #2704	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROZZA, DAVID	
STREET ADDRESS	70865 DEL PRADO DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODS, MARK	
STREET ADDRESS	8047 BAYHAVEN DR.	
CITY-ST-ZIP	SEMINOLE FL 33776	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jones, Kelly Ann		
STREET ADDRESS	1129 4th Ave NW		
CITY-ST-ZIP	Largo FL 33770		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
 Kelly Ann Jones 727-812-7316
 DATE: 1/24/2000
 DAYTIME PHONE #