

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90013 050 ****70.00

DOCUMENT # N45750

1. Entity Name

SHEPHERD'S VILLAGE, INC.

Principal Place of Business

**12685 ULMERTON RD.
 LARGO FL 33774**

Mailing Address

**12685 ULMERTON RD.
 LARGO FL 33774**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3096209

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKNIGHT, JOHN
 1700 MCMULLEN BOOTH ROAD
 SUITE D4
 CLEARWATER FL 33759**

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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **LUDWINSKI, DICK**
 STREET ADDRESS **1270 MAPLE ST SW**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FRANK, RONALD**
 STREET ADDRESS **14535 MARK DR.**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **PD** Change Addition
 NAME **Erwin, Kathie**
 STREET ADDRESS **305 Orangewood Ln**
 CITY-ST-ZIP **Largo FL 33770**

TITLE **D** Delete
 NAME **ALDERMAN, PHYLLIS**
 STREET ADDRESS **11730 SHIPWATCH DR, #602**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE **VD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ANDERSON, CAROL**
 STREET ADDRESS **1586 GULF BLVD. #2704**
 CITY-ST-ZIP **CLEARWATER FL 34630**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **JONES, KELLY**
 STREET ADDRESS **1129 4TH AVENUE NW**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WOODS, MARK**
 STREET ADDRESS **8047 BAYHAVEN DR.**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Ann Jones
Kelly Ann Jones

3/8/02
3/8/02
Treasurer
Treasurer

Date

Daytime Phone #

727-593-8733
727-593-8733

CR2E037 (9/01)