2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45750

FILED Jun 16, 2009 Secretary of State

Entity Name: SHEPHERD'S VILLAGE, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	ALTOS DRIVE #4 R BLUFFS, FL 33770	
Current M	lailing Address:	New Mailing Address:
	ALTOS DRIVE #4 R BLUFFS, FL 33770	
In accordan	: 59-3096209 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did no d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () ot receive the prior notice. Name and Address of New Registered Agent:
		Name and Address of New Registered Agent.
SUITE D4	MULLEN BOOTH ROAD	
The above	·	ourpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	TD () Delete MCCORMICK, PATRICIA S 3025 LOS ALTOS DRIVE #7 BELLEAIR BLUFFS, FL 33770	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete ERWIN, KATHIE 305 ORANGEWOOD LN LARGO, FL 33770	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PD () Delete ALDERMAN, PHYLLIS 11455 HARBOR WAY APT 1615 LARGO, FL 33774	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	SD () Delete ANDERSON, CAROL 2224 HENNESEN DR CLEARWATER, FL 33764	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete VEURINK, BOB 1852 VENETIAN POINT DRIVE CLEARWATER, FL 33755	Title: VD (X) Change () Addition Name: ANDERSON, CAROL Address: 2224 HENNESEN DR City-St-Zip: CLEARWATER, FL 33764
Title: Name: Address: City-St-Zip:	D () Delete CATE, DEBORAH 18220 SUNSET BLVD REDINGTON SHORES, FL 33708	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MCCORMICK TD 06/16/2009