

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB -3 PM 1:36

DOCUMENT # N93000000906 (8)

1. Corporation Name

SHEPHERD'S CENTER OF ORANGE PARK, INC.

Principal Place of Business

Mailing Address

142 KINGSLEY AVE.
ORANGE PARK FL 32073
US

142 KINGSLEY AVE.
ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

06/20/1994

4. FBI Number

59-3177835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fees Not Required

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

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERDINE, PARK L
6617 RIVER POINT DR
GREEN COVE SPRINGS FL 32043

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
GERDINE, PARK L
6617 RIVER POINT DR
GREEN COVE SPRINGS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT
CLARK, KEITH R
997 LAKERIDGE DR
ORANGE PARK FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

T
William Moore
1349 South Shore Dr.
Orange Park, FL 32073-7014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
LuWayne O'Neill
2569 Paces Ferry RD. N.
Orange Park, FL 32073

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
Charles Mountain
2866 Navajo Rd.
Orange Park, FL 32065

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☒ Addition

D
Martha A. Thiesen
142 Kingsley Ave.
Orange Park, FL 32073

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
Martha A. Thiesen
142 Kingsley Ave.
Orange Park, FL 32073

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
Martha A. Thiesen
142 Kingsley Ave.
Orange Park, FL 32073

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 this 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: *Martha A. Thiesen*
Martha A. Thiesen, Director

January 18, 1995 (904) 269-5315