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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32073-5641 US

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3177835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☒ DELETE	1.1 TITLE	TR	☒ Change ☐ Addition
NAME	GERDINE, PARK L		1.2 NAME		
STREET ADDRESS	6617 RIVER POINT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	GERDINE, PARK L 6617 RIVER POINT DR GREEN COVE SPRINGS FL 32043	
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	MOORE, WILLIAM		2.2 NAME		
STREET ADDRESS	1349 SOUTH SHORE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	FETTE, IRMA 2345 Stafford Dr. ORANGE PARK, FL 32073	
TITLE	S	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	KREY, . CELINE		3.2 NAME		
STREET ADDRESS	2867 ADMIRAL WALK DR E		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP	CLARK, KEITH 997 LAKERIDGE DR. ORANGE PARK, FL 32065	
TITLE	T	☒ DELETE	4.1 TITLE	C	☐ Change ☐ Addition
NAME	MOUNTAIN, CHARLES		4.2 NAME		
STREET ADDRESS	2866 NAVAJO RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	THIESEN, MARTHA 2451 CYPRESS SPRINGS RD. ORANGE PARK, FL 32073	
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHARPENTIER, ALBERT		5.2 NAME		
STREET ADDRESS	4203 WATER OAK LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

9-12AM TUES/FRI

SIGNATURE: _____ (904) 249-5747