05081999-90054-033-$70.00-$70.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90054 033 ****70.00
05-24-1999 90010 039 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000906

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 02/12/1993

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

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: LuWayne R. O'Neill
82 Street Address (P.O. Box Number is Not Acceptable): 2569 Paces Ferry Rd. N.
83 Orange Park, Fl.
84 City: FL 85 Zip Code: 32073

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: LuWayne R. O'Neill — LuWayne R. O'Neill May 1, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	TR	☒ DELETE
NAME	GERDINE, PARK L	
STREET ADDRESS	6617 RIVER POINT DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	CTR	☐ DELETE
NAME	O'NEILL, LU WAYNE	
STREET ADDRESS	2569 PACES FERRY RD N	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	☒ DELETE
NAME	THIESEN, MARTHA	
STREET ADDRESS	2451 CYPRESS SPRINGS RD.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TTR	☐ DELETE
NAME	CHARPENTIER, ALBERT	
STREET ADDRESS	4203 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	☐ Change ☐ Addition
1.2 NAME	LuWayne O'Neill	
1.3 STREET ADDRESS	2569 Paces Ferry Rd. N.	
1.4 CITY-ST-ZIP	Orange Park, Fl. 32073	
2.1 TITLE	T	☐ Change ☐ Addition
2.2 NAME	Albert Charpentier	
2.3 STREET ADDRESS	4203 Water Oak Lane	
2.4 CITY-ST-ZIP	Jacksonville, Fl. 32210	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	Moore, William T	
5.3 STREET ADDRESS	1349 South Shore Dr.	
5.4 CITY-ST-ZIP	Orange Park, Fl. 32073	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Albert G. Charpentier SIGNATURE REQUIRED — Albert G. Charpentier — May 1, 1999 — 904 269-5315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #