2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2000 8:00 am
Secretary of State
05-24-2000 90194 045 ****70.00

DOCUMENT # N93000000906

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-3177835 ☐ 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
O'NEIL, LUWAYNE R 2569 PACES FERRY RD. N. ORANGE PARK FL 32073	Name HOMSEY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 8525 Heather Drive North City Jacksonville, FL Zip Code 32256

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 LuWayne O'Neill Chairman LaWayne O'Neill May 4, 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GERDINE, PARK L 6617 RIVER POINT DR GREEN COVE SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOMSEY, BARBARA (chairman) 8525 Heather Drive North Jacksonville, Fl. 32256 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR O'NEILL, LU WAYNE 2569 PACES FERRY RD N ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	vice chair Dorothy Holt 521 Pine Forest TRail Orange PArk, Fl. 32073 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THIESEN, MARTHA 2451 CYPRESS SPRINGS RD. ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	secretary Mary Jane Langrall 1906 Grove Park Drive Orange PArk, Fl. 32073 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR CHARPENTIER, ALBERT 4203 WATER OAK LANE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T O'NEIL, LUWAYNE 2569 PACES FERRY RD. N. ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARPENTIER, ALBERT 4203 WATER OAK LANE JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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.

904 269-5315

SIGNATURE: BARBARA HOMSEY SIGNATURE Barbara Homsey May 4, 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #