2002 UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2002 8:00 am DOCUMENT # **N93000000906 Secretary of State** SHEPHERD'S CENTER OF ORANGE PARK, INC. 03-19-2002 90036 011 ****61.25 Principal Place of Business Mailing Address 2105 PARK AVE 2105 PARK AVE STE 1 STE 1 ORANGE PARK FL 32073 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied Fo 4. FEI Number 59-3177835 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent William V. Moore Street Address (P.O. Box Number is Not Acceptable) 1349 South Shore Dr. O'NEIL, LUWAYNE R 2569 PACES FERRY RD. N. Orange Park **ORANGE PARK FL 32073** Zip Code City 32073 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. СНМ Delete 🏌 Change ☐ Addition TITLE TITLE Chairman HOMSEY, BARBARA Moore, William V. NAME NAME STREET ADDRESS STREET ADDRESS 8525 HEATHER RUN DR. N 1349 South Shore Dr. CITY-ST-7IP CITY-ST-7IP Jacksonville FL 32256 Orange Park, Fl. 32073 VC ☐ Addition TITLE Delete TITLE Vice Chairman Change HOLT, DOROTHY NAME NAME Verna Riley STREET ADDRESS STREET ADDRESS |521 Pine Forest Tr 28 Widener Way CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** Orange Park, Fl. <u> 32073</u> TITLE Delete TITLE Change ☐ Addition Secretary GUNDERSON, CARLYN NAME NAME Joyce Craig STREET ADDRESS STREET ADDRESS 3685 DOCTORS LAKE DR. 40 Belmont Blvd. CITY-ST-ZIP CITY-ST-ZIP Orange Park FL 32065 32073 Orange Park, Fl. TITLE ☐ Delete TITLE Change ☐ Addition NAME wais, James NAME STREET ADDRESS 1955 CATTLE GAP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE Change ☐ Addition Walker, William NAME NAME STREET ADDRESS STREET ADDRESS |1727 Grove Park dr. CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALKER, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 1727 GROVE PARK DR. CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073**

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

SIGNATURE:

changed, or on an attachment with an address, with all other like