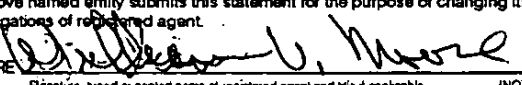
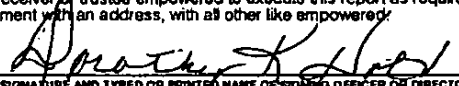


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (A7)**

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-21-2005 90082 024 ****61.25

DOCUMENT # N93000000906 1. Entity Name SHEPHERD'S CENTER OF ORANGE PARK, INC.					
Principal Place of Business 2105 PARK AVE STE 1 ORANGE PARK FL 32073 US			Mailing Address 2105 PARK AVE STE 1 ORANGE PARK FL 32073 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3177835	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MOORE, WILLIAM V 1349 SOUTH SHORE DR ORANGE PARK FL 32073			7. Name and Address of New Registered Agent Name Dorothy K. Holt - Chairman Street Address (P.O. Box Number is Not Acceptable) 521 Pine Forest Trail Orange Park, FL City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/14/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C ☐ Delete NAME HOLT, DOROTHY STREET ADDRESS 521 PINE FOREST TRAIL CITY-ST-ZIP ORANGE PARK FL 32073			TITLE ☐ Change ☒ Addition NAME Ted Biggs Treasurer STREET ADDRESS 1091 Grove Park Dr. E. CITY-ST-ZIP Orange Park, FL 32073		
TITLE VCP ☐ Delete NAME CARLBERG, LOIS STREET ADDRESS 2875 TANGLEWOOD BLVD. CITY-ST-ZIP ORANGE PARK FL 32065			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE S ☐ Delete NAME ELLIOTT, BARBARA STREET ADDRESS 2350 EGREMONT DR. CITY-ST-ZIP ORANGE PARK FL 32073			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE T ☒ Delete NAME WALKER, CAROL ANNE STREET ADDRESS 4544 TIMUGUANA ROAD CITY-ST-ZIP JACKSONVILLE FL 32210			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D ☒ Delete NAME WALKER, WILLIAM STREET ADDRESS 1727 GROVE PARK DR. CITY-ST-ZIP ORANGE PARK FL 32073			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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.					
SIGNATURE: 			Date 2/11/05 (904) Daytime Phone # 269-5315		

Dorothy K. Holt Chairman