

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004943 (5)

1. Corporation Name

SHEPHERD'S PROMISE, INC.



Principal Place of Business

Mailing Address

5743 VISTA LINDA LANE
BOCA RATON FL 33433

5743 VISTA LINDA LANE
BOCA RATON FL 33433

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 Shepherd's Promise

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3240 N. Federal Hwy.

27

City & State

Boca Raton, FL

28 City & State

Zip

33431

Country

USA

Zip

Country

24

25

29

30

4. FEI Number

65-0625813

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

10. Name and Address of New Registered Agent

SCOTT, THOMAS R
5743 VISTA LINDA LANE
BOCA RATON FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, THOMAS R	
STREET ADDRESS	5743 VISTA LINDA LANE	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKELL, DAVID	
STREET ADDRESS	4609 APPALACHIAN ST	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IACONA, RICK	
STREET ADDRESS	9730 ENCHANTED POINT LN	
CITY - ST - ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, CARL	
STREET ADDRESS	1305 NE 4TH COURT	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bickel, David
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Carl A. Stanton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (407) 443-1418
Date Daytime Phone #

CR2E037 (12/95)