NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90005 040 \*\*\*\*61.25

DOCUMENT #	N95000004943
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1. Corporation Name

SHEPHERD'S PROMISE, INC.

Principal Place of Busines
SHEPHERDS PROMISE
3240 N FEDERAL HWY
BOCA RATON FL 33431
HS

Mailing Address

1328 SE 2ND AVENUE **DEERFIELD BEACH FL 33441** 

|--|

3<del>31</del>067 --

<u> </u>	lace of Business	2a. Mailing Address	matte	PARK K	3. Date Incorporated or Qualife 10/16/1995	ed		ļ
21			MEHO	IARK K	4 5511	••		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		F	4. FEI Number 65-0625813		1-1-	lied For
22			,		0070020010		<del></del>	Applicable
City & State	9 .	City & State		<b>.</b> ,	5. Certifcate of Status Desired		\$8.75 A	
23		28 BOGA RATO	N. F	٠ـــ	or Controlled of Clares 2 control		Fee Rec	luired
Zip	Country	Zip	Country		6. Election Campaign Financin	9 🗆	\$5.00 1	May Be
24	25	29 33432 30	u	5A	Trust Fund Contribution	a 🗆	Added to	Fees
	9. Name and Address of Current				10. Name and Address of Nev	v Registered	Agent	
81 Name / / / /								
	·			5		zerd		
	, r robert		82	Street Add	ress (P.O. Box Number is Not Acce	ptable) ARK	01	
1328 SE 2	ND AVENUE		L_	27	9 W. PALMetto	/ ARK	٨.,	
DEERFIELI	D BEACH FL 33441		83	5	rita 206			
			84	City	2 1		85 Zip C	ode
	•		04	l <sup>cry</sup> Bo	CA KATON	FL	33	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617 1508. Florida Statutes.	the above	e-named corr	poration submits this statement for the	ne purpose of	changing its r	egistered
office or re	egistered agent, or both, in the-State (	of Florida. Such change was autr	iorizea by	tne corporati	on's board of directors. I hereby acc	cept the appoi	ntment as reg	istered
agent. I a	m familiar with and accept the obligat	tions of Section 617.0503 Florida	a Statutes	•			/	.
SIGNATURE	St. How	and keep				4/	7/77	\
	Signature, typed or printed name of registered agen			nt signature requin	ed when reinstating)	DATE	D DIDECTOR	DC (N. 42
12.		D DIRECTORS	13.	· ·	ADDITIONS/CHANGES TO C	JEFICERS AN		
TITLE	DT	DELETE	1.1 TITLE				Change	Addition
NAME .	DUMMICH, ROBERT R		1.2 NAME				•	1
STREET ADDRESS	1328 SE 2ND AVE		1.3 STREE	TADDRESS	•			
	DEERFIELD BEACH FL 33441		1.4 CITY-S					]
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	1-21			☐ Change	☐ Addition
TITLE	D	occere		1				_
NAME	REED, HOWATRD		2.2 NAME					
STREET ADDRESS	1400 SW 5TH STREET		2.3 STREE			~~~ <del>~~</del> ~.	ء رس	-
CITY-ST-ZIP	BOCA RATON FL 33486		2. 4 CITY-S	T-ZIP	· ·			
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	MORTENSEN, KRISTOPHER		3.2 NAME				•	
STREET ADDRESS	363 PAULUS CT		3.3 STREE	TADDRESS				
1	BOCA RATON FL 33486		3.4. CITY-S					
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	71-21		· · · · · ·	Change	Addition .
TILE	D	- Schill	i				·	_
NAME	TAYLOR, MICHAEL		4.2 NAME					
STREET ADDRESS	567 TRIVOU TRACE CIR, #204		4.3 STREE	TADDRESS				}
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME		•	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS	,	,		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
			6.2 NAME					
NAME	, ·· ·			T 10000000				
STREET ADDRESS				TADDRESS				
CITY ST'71D 51 14	<i>•</i>		6.4 CITY-S	T-ZIP				ì

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: