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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Bandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name

N96000001593 (0)

THE SHEPHERD'S WAY, INC.

Principal Place of Business

Mailing Address

5050 NORTH STATE RD. 7 FT. LAUDERDALE FL 33319 5050 NORTH STATE RD. 7 FT LAUDERDALE FL 33319-3311

## FILED May 01 1997 8:00am Secretary of State

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FT. LAUDERDAL	E FL 33319	FT. LAUDERDALE FL 33319-3	1316		
				3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address	Λ	4. FEI Number	Applied For
21 18 2	2 N Dixie Hwy	26 /8 22 W	VIXIE Hig	hua, 65-067003	, , , , , , , , , , , , , , , , , , , ,
Súite, Apt +	#, etc. /	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Α	City & State		E Floation Companies Financiae	······································
23 Ft		28 F. f Lander	John Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country (15/4-)	Zip	Country	8. This corporation has liability for	
· 333	305 25 B-06/90	20 33305 3	10 B USA		Yes No
	9. Name and Address of Current R	egistered Agent		10. Name and Address of New Re	glatered Agent
			61 Name	Fred Scarbroug	do
	OUGH, FRED		62 Street A		
	ORTH STATE RD. 7			822 N Divie	Hishway
ft. Lauc	DERDALE FL 33319		83		,
			84 City	1 / 1 / 1	85 Zip Code
				+ Land ordale	<u> </u>
11. Pursuant to	to the provisions of Sections 617,0502 a registered agent, or both, in the State of	nd 617.1508, Florida Statutes Florida, Such change was au	s, the above-named o thorized by the corp	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent La	m familiar with, and accept the obligatio	ns of, Section 617.0503, Flori	da Statutes.	,	, , , , , , , , , , , , , , , , , , ,
SIGNATURE .		A CALL OF THE STATE OF THE STAT	0		DATE
12.	Signature, typed or printed name of registered agent at OFFICERS AND D		Registered Agent signature r	ADDITIONS/CHANGES TO OFFI	4
TITLE	D	DELETE	1.1 TITLE	Mc Lead, Debbie	
NAME	WILLS, REV. DICK		1.2 NAME	4845 NE 25 AUG	C <b>y</b> / — +<
STREET ADDRESS	4845 NE 25TH AVE		1.3 STREET ADDRESS	Ft Landerdale, FL	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	·	1.4 CRY-ST-ZIP	Przada Podre, 12	00000
TITLE	D	DELETE	2.1 TITLE	(0)	Change Addition
NAME (	GRIFFIN, DIANE		22 NAME	En Carol	
STREET ADDRESS	6521 NE 29TH WAY		2.3 STREET ADORESS	1812 NO	rre Itrshway
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	Pt Laudirdale	FL 33305
TITLE	D	LAVELETE	3.1 TITLE	(0)	Change Addition
NAME	LONGSTRETH, RICHARD		3.2 NAME	Sullivan, Mika	•
STREET ADDRESS	4020 GALT OCEAN DR., STE. 89	07	3.3 STREET ADDRESS	1845 NG 25 AV	e.
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		3.4. CITY-ST-ZIP	Pt Lauderdale, 1	2 3330t 1
TITLE	D	☐ DELETE	4.1 TITLE	Frazier, Robert (	Change Addition
NAME	SCARBROUGH, FRED		4. 2 NAME	4848 NO 25 AV	e
STREET ADDRESS			4.3 STREET ADDRESS	أستو في ما ما	<u> </u>
City-St-ZIP	5050 NORTH STATE RD. 7			7º2 / Aug / Aug / Aug	
	FT. LAUDERDALE FL 33319		4.4 CITY-ST-ZIP	17 Landerdolg Fr	33708
TITLE	FT. LAUDERDALE FL 33319 D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	(8)	
TITLE NAME	FT. LAUDERDALE FL 33319 D WALLICK, GREGG	☐ DELETE	4.4 GITY-ST-ZIP 5.1 TITLE 5.2 NAME		
NAME STREET ADDRESS	FT. LAUDERDALE FL 33319  D WALLICK, GREGG 951 S. ANDREWS AVE.	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	(8)	
NAME STREET ADDRESS CITY+ST-ZIP	FT. LAUDERDALE FL 33319 D WALLICK, GREGG 951 S. ANDREWS AVE. POMPANO BEACH FL 33069		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP	(8)	Change Accounted
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33319 D WALLICK, GREGG 951 S. ANDREWS AVE. POMPANO BEACH FL 33069 D	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	(8)	Change Accounted
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT. LAUDERDALE FL 33319  D WALLICK, GREGG 951 S. ANDREWS AVE. POMPANO BEACH FL 33069  D Cobb , Susaa		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	(8)	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33319 D WALLICK, GREGG 951 S. ANDREWS AVE. POMPANO BEACH FL 33069 D		4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	(8)	Change Andriton

i. I do hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4/15/97-(959) 514-4638 Dayline Phone # 0035122