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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N96000001593 (0)

1. Corporation Name
THE SHEPHERD'S WAY, INC.

Principal Place of Business	Mailing Address
1822 N. DIXIE HWY FT. LAUDERDALE FL 33305 US	1822 N. DIXIE HWY FT. LAUDERDALE FL 33305 US

3. Date Incorporated or Qualified: 03/18/1996

4. FEI Number: 65-0670031 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCARBROUGH, FRED
1822 N. DIXIE HWY
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLS, REV. DICK		1.2 NAME		
STREET ADDRESS	4845 NE 25TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, DEBBIE		2.2 NAME		
STREET ADDRESS	4845 N.E. 25 AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOX, CAROL		3.2 NAME		
STREET ADDRESS	1822 N. DIXIE HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCARBROUGH, FRED		4.2 NAME		
STREET ADDRESS	5050 NORTH STATE RD. 7		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALLICK, GREGG		5.2 NAME		
STREET ADDRESS	951 S. ANDREWS AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, MIKE		6.2 NAME		
STREET ADDRESS	4845 N.E. 25 AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] 4/29/98 (954) 524-4638