FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90027 028 ****61.25

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DOCUMENT # N96000001593

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

2. Principal Place of Business
1
Suite, Apt. #, etc.
2
City & State
3
Zip
4
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualifed
03/18/1996

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

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

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

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	D	☒ Change ☐ Addition
NAME	SCARBROUGH, FRED		4.2 NAME	Scarbrough, Fred	
STREET ADDRESS	5050 NORTH STATE RD. 7		4.3 STREET ADDRESS	8736 W Commercial Blvd	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319		4.4 CITY-ST-ZIP	Ft Lauderdale Fl 33351	
TITLE	D	☒ DELETE	5.1 TITLE	Susan Cobb - D	☐ Change ☒ Addition
NAME	WALLICK, GREGG		5.2 NAME	4845 NE 25 Ave	
STREET ADDRESS	951 S. ANDREWS AVE.		5.3 STREET ADDRESS	Ft. Lauderdale, Fl 33308	
CITY-ST-ZIP	POMPANO BEACH FL 33069		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Jordan, J.m - D	☐ Change ☒ Addition
NAME	SULLIVAN, MIKE		6.2 NAME	4845 NE 25 Ave	
STREET ADDRESS	4845 N.E. 25 AVE.		6.3 STREET ADDRESS	Ft. Lauderdale Fl 33308	
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED X _____ 6/29/99 (954) 524-4688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #