2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # N9600001593 May 24, 2000 8:00 am Secretary of State 1. Entity Name THE SHEPHERD'S WAY, INC. 05-24-2000 90032 045 ****61.25 Principal Place of Business Mailing Address 1822 N. DIXIE HWY 1822 N. DIXIE HWY FT. LAUDERDALE FL 33305-3817 FT. LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0670031 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCARBROUGH, FRED 1822 N. DIXIE HWY FT. LAUDERDALE FL 33305 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. D Addition TITLE ☐ Change ☐ Delete TITLE WILLS, REV. DICK NAME John Stunson NAME 4071 NE 15th AUE STREET ADDRESS STREET ADDRESS 4845 NE 25TH AVE. CITY-ST-ZIP CITY-ST-ZIP InklAND PARK, FL 33734 FT. LAUDERDALE FL 33308 ☐ Change -Addition TITLE Delete TITLE Bill Ricken NAME MCLEOD, DEBBIE NAME 1611 NE 60th St. STREET ADDRESS STREET ADDRESS 4845 N.E. 25 AVE. CITY-ST-ZIE CITY-ST-ZIP Ft. LAUDENDALE, IZC 3333 Y FT. LAUDERDALE FL Addition TITLE ☐ Delete TITLE NAME FOX, CAROL NAME STREET ADDRESS STREET ADDRESS 1822 N. DIXIE HWY. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Addition Change Delete TITLE TITLE SCARBROUGH, FRED NAME NAME STREET ADDRESS 8736 W COMMERICAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33351 ☐ Change ☐ Addition Delete TITLE COBB. SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 4845 NE 25 AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Addition ☐ Change TITLE JORDAN, JIM NAME STREET ADDRESS STREET ADDRESS 4845 N.E. 25 AVE. CITY-ST-ZIP FORT LAUDERDALE FL 33308 12. 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 report or supplemental 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 sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with ah address, with all other like empowered.