2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90059 002 ****61.25

DOCUMENT # N96000001593

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

44003234

Principal Place of Business	Mailing Address
1822 N. DIXIE HWY FT. LAUDERDALE, FL 33305 US	1232 NE 26 ST. WILTON MANORS, FL 33305 US

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

SCARBROUGH, FRED
1232 NE 26 ST.
WILTON MANORS, FL 33305

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANON, PERY
STREET ADDRESS	4233 NW 61 ST CT
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	P
NAME	RAINS, CAL
STREET ADDRESS	3401 ROBBINS ROAD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	SANCHEZ, KARLA
STREET ADDRESS	2769 S. OAKLAND FOREST DR., #103
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	FREELS, PAUL
STREET ADDRESS	752 NW 42 PLACE
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D
NAME	SCARBROUGH, FRED
STREET ADDRESS	4761 NE 29TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	BILL, RICKER
STREET ADDRESS	1611 NE 60TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

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 trustee 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 an address, with all other like empowered.

SIGNATURE: _____ Fred Scarbrough 01-09-04 (954)749-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #