

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001593

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE SHEPHERD'S WAY, INC.

Current Principal Place of Business:

1822 N. DIXIE HWY
FT. LAUDERDALE, FL 33305 US

New Principal Place of Business:

Current Mailing Address:

1232 NE 26 ST.
WILTON MANORS, FL 33305 US

New Mailing Address:

FEI Number: 65-0670031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANON, PERY
Address: 4233 NW 61 ST CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: T () Delete
Name: CRANSHAW, WILLIAM
Address: 6401 SW 87TH AVENUE #210
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SANCHEZ, KARLA
Address: 2769 S. OAKLAND FOREST DR., #103
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: MARTIN, ROBIN
Address: 1211 SOUTH 23RD AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: SCARBROUGH, FRED
Address: 4761 NE 29TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CANAN, PERY
Address: 170 SE 6TH COURT
City-St-Zip: POMPANO BEACH, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAISWICK, KIM
Address: 4725 NORTH FEDERAL HWY
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN MARTIN

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date