

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007003

FILED
Apr 27, 2009
Secretary of State

Entity Name: SHEPHERD'S CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

4000 NW 53RD AVE.
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

4000 NW 53RD AVE.
GAINESVILLE, FL 32653

New Mailing Address:

2632 NW 43RD ST.
D-66
GAINESVILLE, FL 32653

FEI Number: 59-3483735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSS, ROYLYN L DT
2632 NW 43RD ST.
D66
GAINESVILLE, FL 32606 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: DVP () Delete
Name: JOHNSTON, DOROTHY
Address: 7625 NW 172ND ST.
City-St-Zip: ALACHUA, FL 32615

Title: DT () Delete
Name: VOSS, ROYLYN L
Address: 2632 NW 43RD ST. SUITE D 66
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DS () Delete
Name: VOSS, PAT C
Address: 15905 NW 70TH AVE.
City-St-Zip: ALACHUA, FL 32615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: FLOWERS, JOY
Address: 2915 NW 55TH BLVD.
City-St-Zip: GAINESVILLE, FL 32653 US

Title: DT (X) Change () Addition
Name: VOSS, ROYLYN L
Address: 2632 NW 43RD ST. SUITE D 66
City-St-Zip: GAINESVILLE, FL 32606

Title: DVP (X) Change () Addition
Name: MALANAHPY, MEG
Address: 14523 NW 137TH TERR
City-St-Zip: ALACHUA, FL 32615

Title: DVP () Change (X) Addition
Name: MCMILLAN, VALARIE
Address: 7626 NE 96TH AVE
City-St-Zip: GAINESVILLE, FL 32609

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: ROYLYN L. VOSS

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date