

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007003

FILED
Jan 30, 2011
Secretary of State

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

Current Principal Place of Business:

4004 NW 13TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4004 NW 13TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3483735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISMANTEL, MARTHA J
4004 NW 13TH PLACE
GAINESVILLE, FL 32605 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
Name: FLOWERS, JOY
Address: 2915 NW 55TH BLVD.
City-St-Zip: GAINESVILLE, FL 32653 US

Title: DT
Name: WILSON, ANNA G
Address: 8302 SW 66TH LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: BUNZMANN, SALLY
Address: 6716 NW 67TH AVE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: MCMILLAN, VALERIE
Address: 7626 NE 96TH AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: DS
Name: LANGFORD, ANNA
Address: 16324 NW 90TH ST
City-St-Zip: ALACHUA, FL 32615

Title: DC
Name: WEISMANTEL, MARTHA J
Address: 4004 NW 13TH PL
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: ANNA G. WILSON

DT

01/30/2011

Electronic Signature of Signing Officer or Director

Date