

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007003

FILED  
Feb 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O TUMC, 4000 NW 53 AVE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TUMC, 4000 NW 53 AVE  
GAINESVILLE, FL 32653

**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:**

WILSON, ANNA G  
C/O TUMC, 4000 NW 53 AVE  
GAINESVILLE, FL 32653 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: DS  
Name: BUNZMANN, SALLY  
Address: 6716 NW 67TH AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: D  
Name: SWANSON, DINH  
Address: 2607 NW 25TH PL  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: D  
Name: LABRADOR, JUDITH  
Address: 8004 NE WALDO RD  
City-St-Zip: GAINESVILLE, FL 32609

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

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date