

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000007003

FILED  
Apr 29, 2003  
Secretary of State

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

**Current Principal Place of Business:**

1001 NW 98TH ST.  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NW 98TH ST.  
GAINESVILLE, FL 32606

**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, MERRY L  
2630-B NW 41ST ST.  
GAINESVILLE, FL 32606

**Name and Address of New Registered Agent:**

VOSS, ROYLYN L DT  
2632 NW 43RD ST.  
D66  
GAINESVILLE, FL 32606

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: ROYLYN L. VOSS

04/29/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: KILBY, PAT  
Address: 3706 SW 5TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: DT ( ) Delete  
Name: WILSON, MERRY L  
Address: PO BOX 357009  
City-St-Zip: GAINESVILLE, FL 326357009

Title: DS ( ) Delete  
Name: WALDROP, MONA  
Address: 3955 NW 23RD CIR  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

04/29/2003

Electronic Signature of Signing Officer or Director

Date