

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90026 046 \*\*\*\*61.25

**DOCUMENT # N99000002609**

1. Entity Name

**SHEPHERD'S CENTER OF MELBOURNE, INC.**

Principal Place of Business

**120 DESOTO PARKWAY  
SATELLITE BEACH FL 32937**

Mailing Address

**120 DESOTO PARKWAY  
SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3576282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, PATRICK V  
120 DESOTO PARKWAY  
SATELLITE BEACH FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **AMEIGH, JOHN**  
STREET ADDRESS **743 WHITMORE DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32935**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **FLOAN, HOWARD**  
STREET ADDRESS **719 PINE ISLAND DR**  
CITY-ST-ZIP **MELBOURNE FL 32940**TITLE **D** ☐ Change ☒ Addition  
NAME **ESTES, CLAUDIA**  
STREET ADDRESS **1820 INDEPENDENCE**  
CITY-ST-ZIP **MELBOURNE FL 32940**TITLE **CST** ☒ Delete  
NAME **KENNEDY, PATRICK**  
STREET ADDRESS **120 DESOTO PARKWAY**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**TITLE **ST** ☐ Change ☒ Addition  
NAME **CORNMAN, WILLIAM**  
STREET ADDRESS **2267 WOODLAWN CIR**  
CITY-ST-ZIP **MELBOURNE FL 32934**TITLE **D** ☐ Delete  
NAME **LYNN, ROBERT**  
STREET ADDRESS **618 SPRING LAKE DRIVE**  
CITY-ST-ZIP **MELBOURNE FL 32940**TITLE **C** ☒ Change ☐ Addition  
NAME **LYNN, ROBERT**  
STREET ADDRESS **618 SPRING LAKE DR**  
CITY-ST-ZIP **MELBOURNE FL 32940**TITLE **D** ☐ Delete  
NAME **MARGOLIS, RABBI R**  
STREET ADDRESS **5995 N WICKHAM ROAD**  
CITY-ST-ZIP **MELBOURNE FL 32940**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MCCARTER, JANIS**  
STREET ADDRESS **1549 CLOVER CIR**  
CITY-ST-ZIP **MELBOURNE FL 32935**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PATRICK V KENNEDY** EXECUTIVE DIRECTOR 5/1/01 721-777-5853

CR2E037 (10/00)