

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002609

FILED
Jan 05, 2004
Secretary of State

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

Current Principal Place of Business:

120 DESOTO PARKWAY
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

120 DESOTO PARKWAY
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3576282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, PATRICK V
120 DESOTO PARKWAY
SATELLITE BEACH, FL 32937 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 () Delete
Name: AMEIGH, JOHN
Address: 743 WHITMORE DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: ESTES, CLAUDIA
Address: 1820 INDEPENDENCE
City-St-Zip: MELBOURNE, FL 32940

Title: ST () Delete
Name: CORNMAN, WILLIAM
Address: 2267 WOODLAWN CIR
City-St-Zip: MELBOURNE, FL 32934

Title: C () Delete
Name: LYNN, ROBERT
Address: 618 SPRING LKE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MARGOLIS, RABBI R
Address: 5995 N WICKHAM ROAD
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: MCCARTER, JANIS
Address: 1549 CLOVER CIR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT LYNN

C

01/05/2004

Electronic Signature of Signing Officer or Director

Date