

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90075 029 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N99000002609</b><br>1. Entity Name<br><b>SHEPHERD'S CENTER OF MELBOURNE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                                      |  |
| Principal Place of Business<br><b>120 DESOTO PARKWAY<br/>SATELLITE BEACH, FL 32937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   | Mailing Address<br><b>120 DESOTO PARKWAY<br/>SATELLITE BEACH, FL 32937</b>                                                           |  |
| 2. Principal Place of Business<br><b>2950 N HARBOUR CITY BLVD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | 3. Mailing Address<br><b>2950 N HARBOUR CITY BLVD</b>                                                                                |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | Suite, Apt. #, etc.<br>                                                                                                              |  |
| City & State<br><b>MELBOURNE FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | City & State<br><b>MELBOURNE FL</b>                                                                                                  |  |
| Zip<br><b>32937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | Zip<br><b>32937</b>                                                                                                                  |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | Country<br><b>USA</b>                                                                                                                |  |
| 4. FEI Number<br><b>59-3576282</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>KENNEDY, PATRICK V<br/>120 DESOTO PARKWAY<br/>SATELLITE BEACH, FL 32937</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                                                                                      |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                      |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |  |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                      |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b><br><b>AMEIGH, JOHN</b><br><b>743 WHITMORE DRIVE</b><br><b>MELBOURNE, FL 32935</b>        | <input checked="" type="checkbox"/> Delete                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b><br><b>ESTES, CLAUDIA</b><br><b>1820 INDEPENDENCE</b><br><b>MELBOURNE, FL 32940</b>       | <input type="checkbox"/> Delete                                                                                                      |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ST</b><br><b>CORNMAN, WILLIAM</b><br><b>2267 WOODLAWN CIR</b><br><b>MELBOURNE, FL 32934</b>    | <input checked="" type="checkbox"/> Delete                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>C</b><br><b>LYNN, ROBERT</b><br><b>618 SPRING LAKE DRIVE</b><br><b>MELBOURNE, FL 32940</b>     | <input checked="" type="checkbox"/> Delete                                                                                           |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b><br><b>MARGOLIS, RABBI R</b><br><b>5995 N WICKHAM ROAD</b><br><b>MELBOURNE, FL 32940</b>  | <input type="checkbox"/> Delete                                                                                                      |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b><br><b>MCCARTER, JANIS</b><br><b>1549 CLOVER CIR</b><br><b>MELBOURNE, FL 32935</b>        | <input type="checkbox"/> Delete                                                                                                      |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                                      |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>C</b><br><b>DRESKA, JOHN</b><br><b>782 THOMASER DR</b><br><b>VIERA FL 32955</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ST</b><br><b>LUCAS, ROBERT</b><br><b>1886 INDEPENDENCE AVE</b><br><b>MELBOURNE 32940</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>D</b><br><b>PRATTICE, GORDON</b><br><b>1063 OLD MILL ROAD - A</b><br><b>MELBOURNE FL 32940</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                         |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                                                                                                   |                                                                                                                                      |  |
| <b>SIGNATURE: Patrick V. Kennedy</b> <b>2/26/2005 321-251-8886</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                                                                                                      |  |

*Robert H. Lucas* **4/12/2005**