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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000056604 (7)**

1. Corporation Name
SHEPHERD'S WORLDS, INC.

Principal Place of Business	Mailing Address
C/O JOHN F HOOLEY 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112	C/O JOHN F HOOLEY 4532 TAMIAMI TRAIL EAST STE 401 NAPLES FL 34112-6783

3. Date Incorporated or Qualified: 07/05/1996
3a. Date of Last Report:

2. Principal Place of Business
21 10681 Airport Rd.
Suite, Apt. #, etc.
22 Ste. #21
City & State
23 Naples, Fla.
Zip 24 34109 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0677404 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HOOLEY, JOHN F
4532 TAMIAMI TRAIL EAST STE 401
NAPLES FL 34112

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John F. Hooley
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SHEPHERD, MARK	1.2 NAME	Shepherd, Mark
STREET ADDRESS	4532 TAMIAMI TRAIL EAST STE 401	1.3 STREET ADDRESS	10681 Airport Rd., Ste. #21
CITY-ST-ZIP	NAPLES FL 34112	1.4 CITY-ST-ZIP	Naples, Fla. 34109
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOOLEY, JOHN F	2.2 NAME	
STREET ADDRESS	4532 TAMIAMI TRAIL EAST STE 401	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Aaron N. Shepherd	3.2 NAME	
STREET ADDRESS	5388 3rd Ave., NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, Fla. 34119	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John F. Hooley (941) 775-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041254