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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V07197 1. Corporation Name

THE SHEPHERDS GUIDE OF TAMPA BAY, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Fee Required Status Desired Fee Required Fee Required Status Desired Fee Required									
CLEARWATER FL 20759 SAFETY HARBOR FL 34935 US	Principal Place of Business Mailing Address								
US US 3. Date Incorporated or Qualified 01/16/1992 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 01/16/1992 3. Date Incorporated or Qualified 01/16/16/1992 3. Date Incorporated or Qualified 01/16/16/16/16/16/16/16/16/16/16/16/16/16	3322 SAN DOM	IINGO ST	P O BOX 1426	P O BOX 1426			•		
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Zip Country Zip Zi			27			S. Commune of District	Fee Re	quired	
Zip Country Zip Country Zip Country St. This composition owes the current year Intangible No	City & State		City & State		6. Election Campaign Financing				
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent SMITH, TAMARA 3222 SAN DOMINGO ST CLEARWATER FL 33759 84 City 85 Invest Address (P.O. Box Number is Not Acceptable) 86 Size Address (P.O. Box Number is Not Acceptable) 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 81 Name 82 Size Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City 85 Size Address (P.O. Box Number is Not Acceptable) 85 Size Address (P.O. Box Number is Not Acceptable) 86 Size Address (P.O. Box Number is Not Acceptable) 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 81 Size Address (P.O. Box Number is Not Acceptable) 82 Size Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City 85 Size Address (P.O. Box Number is Not Acceptable) 85 Size Address (P.O. Box Number is Not Acceptable) 86 Size Address (P.O. Box Number is Not Acceptable) 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 80 Size Address (P.O. Box Number is Not Acceptable) 81 Size Address (P.O. Box Number is Not Acceptable) 82 Size Address (P.O. Box Number is Not Acceptable) 83 Size Address (P.O. Box Number is Not Acceptable) 84 City 85 Size Address (P.O. Box Number is Not Acceptable) 86 Size Address (P.O. Box Number is Not Acceptable) 87 Size Address (P.O. Box Number is Not Acceptable) 88 Size Address (P.O. Box Number is Not Acceptable) 89 Size Address (P.O. Box Number is Not Acceptab	23				Trust Fund Contribution		Fees		
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SMITH, TAMARA 3322 SAN DOMINGO ST CLEARWATER FL 33759 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (1502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 607 (2005, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a familiar with a splicated agent. I am familiar with a splicated agent. I am familiar with a splicated agent. I am familiar with a splicated. 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. I TITLE 13. I TITLE 14. CYNAME 23. TITLE 14. CYNAME 23. TITLE 15. TITLE 16. Change Addition 24. CYNAME 25. TAME 25. TAME		9. Name and Address of Curre	ent Registered Agent		ا 4	NI	10. Name and Address of New Registe	red Agent	
82 Street Address (P.O. Box Number is Not Acceptable)	CAUT	TH TAMADA		l°	"	Name			
CLEARWATER FL 33759 84 City FL 85 Zip Code				1	32	Street Addres	ss (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 807 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered sperit, 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 office or registered sperit, 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 office or registered appeals and stain special authorized appeals and stain special authorized appeals and stain special appeals are registered appeals and stain special appeals are registered appeals and stain special appeals and stain special appeals are registered appeals and stain special appeals and stain special appeals are registered appeals and stain special appeals and stain special appeals are registered. 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. TITLE 13. TITLE 14. TITLE 14. TITLE 15. TITLE 15. TABBET ADDRESS 15. TITLE 15. TABBET ADDRESS 15. TABBET				L	_				
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### SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstituting)	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ove-	named corpor	ration submits this statement for the purpos	se of changing its	registered
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12	CICNATURE								
TITLE	SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered A	gent	signature required v			
NAME	12.						ADDITIONS/CHANGES TO OFFICER		
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1,4 CTY-ST-ZIP	NAME			1.2 NAME		1			
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14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

G OFFICER OR DIRECTOR