2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2025
Secretary of State
1873365859CC

DOCUMENT# 756167

Entity Name: SHEPHERD CARE MINISTRIES, INC.

Current Principal Place of Business:

5400 S UNIVERSITY DR
SUITE 102
DAVIE, FL 33328

Current Mailing Address:

5400 S UNIVERSITY DR
SUITE 102
DAVIE, FL 33328 US

FEI Number: 59-2022925

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHEPHERD CARE MINISTRIES DBA ADOPTION BY SHEPHERD CARE
5400 S UNIVERSITY DR
SUITE 102
DAVIE, FL 33328 US

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: NIDIA SICA 03/18/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	SECRETARY
Name	SICA, NIDIA M	Name	PAYNER, DONNA
Address	5400 S UNIVERSITY DR SUITE 102	Address	5400 S UNIVERSITY DR SUITE 102
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	DIRECTOR	Title	DIRECTOR
Name	JAREL, IVON	Name	PETERS, RONALD
Address	5400 S UNIVERSITY DR SUITE 102	Address	5400 S UNIVERSITY DR SUITE 102
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	CHAIRMAN	Title	DIRECTOR
Name	MONTES, ALBERTO MR	Name	SUNDQUIST, ERIC MR
Address	5400 S UNIVERSITY DR SUITE 102	Address	5400 S UNIVERSITY DR SUITE 102
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	OFFICER		
Name	SICA, JOSEPH DAVID		
Address	5400 S UNIVERSITY DR SUITE 102		
City-State-Zip:	DAVIE FL 33328		

I hereby 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 all other like empowered.

SIGNATURE: NIDIA M SICA EXECUTIVE DIRECTOR 03/18/2025

Electronic Signature of Signing Officer/Director Detail — Date