2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756167

Entity Name: SHEPHERD CARE MINISTRIES, INC.

Current Principal Place of Business:

5935 TAFT STREET HOLLYWOOD, FL 33021

Current Mailing Address:

5935 TAFT STREET HOLLYWOOD, FL 33021

FEI Number: 59-2022925 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SICA, JOSEPH D **5935 TAFT STREET** HOLLYWOOD, FL 33021 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: JOSEPH D. SICA 01/13/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

DIRECTOR

Title

Title Title VΡ

SICA, JOSEPH D SICA, NIDA M Name Name

5935 TAFT STREET 5935 TAFT STREET Address Address

City-State-Zip: HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 City-State-Zip:

Title DIRECTOR, CHAIRMAN Title **SECRETARY** Name MICHAEL COWAN Name BROWN, BILL

Address **5935 TAFT STREET** Address 5935 TAFT STREET

HOLLYWOOD FL 33021 City-State-Zip: City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR Title **DIRECTOR**

Name JAREL, IVON JAMES, DEAN Name

5935 TAFT STREET Address City-State-Zip: HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 City-State-Zip:

Name PETERS, RONALD PETERS, MERCEDES Name 5935 TAFT STREET Address **5935 TAFT STREET** Address

City-State-Zip: HOLLYWOOD FL 33021 City-State-Zip: HOLLYWOOD FL 33021

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5935 TAFT STREET

DIRECTOR

Address

Title

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.

01/13/2016 SIGNATURE: JOSEPH D. SICA EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 13, 2016

Secretary of State

CC5170329162

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MAIKKULA, CHARLES
Address 5935 TAFT STREET

City-State-Zip: HOLLYWOOD FL 33021