

2017 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

02/24/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SICA, JOSEPH D
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	SECRETARY
Name	PAYNER, DONNA
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	FINANCE COMMITTEE CHAIRMAN
Name	MICHAEL COWAN
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	DIRECTOR
Name	JAREL, IVON
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	DIRECTOR
Name	PETERS, MERCEDES
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	DIRECTOR
Name	PETERS, RONALD
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	CHAIRMAN OF THE BOARD OF DIRECTORS
Name	MAIKKULA, CHARLES
Address	5935 TAFT STREET
City-State-Zip:	HOLLYWOOD FL 33021

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: JOSEPH D SICA**EXECUTIVE DIRECTOR**

02/24/2017

Electronic Signature of Signing Officer/Director Detail

Date