

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000444

Entity Name: SHEPHARD'S FOLD, INC.

Current Principal Place of Business:

JULIE O'CONNELL
342 S.PRESSVIEW AVE
LONGWOOD, FL 32750

FILED
Apr 06, 2017
Secretary of State
CC5824904613

Current Mailing Address:

JULIE O'CONNELL
342 S.PRESSVIEW AVE
LONGWOOD, FL 32750 US

FEI Number: 02-0669662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'CONNELL, JULIE
JULIE O'CONNELL
342 S.PRESSVIEW AVE
LONGWOOD, FL 32779 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: JULIE O'CONNELL

04/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name O'CONNELL, JULIE
Address JULIE O'CONNELL
342 S.PRESSVIEW AVE
City-State-Zip: LONGWOOD FL 32779

Title D
Name ARMSTRONG, ERNA
Address 2431 N.W. 41ST ST
APT 3403
City-State-Zip: GAINESVILLE FL 32606

Title D/VP
Name FLEMING, J.
Address 342 S.PRESSVIEW AVE
City-State-Zip: LONGWOOD FL 32750

Title D.
Name O'CONNELL, JOSEPH
Address 2351 SPRINGS LANDING BLVD
City-State-Zip: LONGWOOD FL 32779

Title D, /FINANCIAL ADVISOR
Name O'CONNELL, AARON
Address 4123 FALLING ACORN CIRCLE
City-State-Zip: LAKE MARY FL 32746

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: JULIE O'CONNELL

P/D

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date