

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000444

**Entity Name:** SHEPHARD'S FOLD, INC.

**Current Principal Place of Business:**

JULIE O'CONNELL  
121 S. HIGH  
LAKE MARY, FL 32746

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC7885978195**

**Current Mailing Address:**

JULIE O'CONNELL  
121 S. HIGH  
LAKE MARY, FL 32746 US

**FEI Number:** 02-0669662

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'CONNELL, JULIE  
JULIE O'CONNELL  
121 S. HIGH ST  
LAKE MARY, FL 32746 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

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name O'CONNELL, JULIE  
Address JULIE O'CONNELL  
121 S.HIGH ST.  
City-State-Zip: LAKE MARY FL 32746

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 121 S. HIGH ST  
City-State-Zip: LAKE MARY FL 32746

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 335 N MAGNOLIA AVE  
APT 1208  
City-State-Zip: ORLANDO FL 32801

*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:** J.MARY FLEMING

**DIRECTOR/VP**

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date