

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000444

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

**Current Principal Place of Business:**

JULIE O'CONNELL  
27011 MOSS VIEW DR  
TAVARES, FL 32778

**FILED**  
**Mar 18, 2013**  
**Secretary of State**  
**CC2428421963**

**Current Mailing Address:**

P.O.BOX 1936  
MT.DORA, FL 32756 US

**FEI Number: 02-0669662**

**Certificate of Status Desired: Yes**

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

O'CONNELL, JULIE  
JULIE O'CONNELL  
27011 MOSS VIEW DR  
TAVARES, FL 32778 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**

**03/18/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name O'CONNELL, JULIE  
Address JULIE O'CONNELL  
27011 MOSS VIEW DR  
City-State-Zip: TAVARES FL 32778

Title D  
Name ARMSTRONG, ERNA  
Address 110 NE 7TH AVE  
City-State-Zip: HIGH SPRINGS FL 32643

Title D/VP  
Name FLEMING, J.  
Address 27011 MOSS VIEW DR  
City-State-Zip: TAVARES FL 32778

Title D.  
Name O'CONNELL, JOSEPH  
Address 518 WHITTINGHAM PL  
City-State-Zip: LAKE MARY FL 32746

Title D, /FINANCIAL ADVISOR  
Name O'CONNELL, AARON  
Address 1416 E.LIVINGSTON ST.  
City-State-Zip: ORLANDO FL 32803

Title D  
Name HAYES, MARILYN  
Address 301 ILLONIS AVE  
City-State-Zip: APOPKA FL 32703

*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**

**D/P**

**03/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date