## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000444

Entity Name: SHEPHARD'S FOLD, INC.

FILED
Mar 02, 2015
Secretary of State
CC1357062135

**Current Principal Place of Business:** 

JULIE O'CONNELL 1419 B MILLER AVE WINTER PARK, FL 32789

## **Current Mailing Address:**

JULIE O'CONNELL 1419 B MILLER AVE WINTER PARK, FL 32789 US

FEI Number: 02-0669662 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

O'CONNELL, JULIE JULIE O'CONNELL 1419 B MILLER AVE WINTER PARK, FL 32789 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 03/02/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title D/P Title D

NameO'CONNELL, JULIENameARMSTRONG, ERNAAddressJULIE O'CONNELLAddress2431 N.W. 41ST ST

1419 B MILLER AVE APT 3403

WINTER PARK FL 32789 City-State-Zip: GAINESVILLE FL 32606

Title D/VP Title D.

Name FLEMING, J. Name O'CONNELL, JOSEPH

Address 1419 B MILLER AVE Address 2351 SPRINGS LANDING BLVD

City-State-Zip: WINTER PARK FL 32789 City-State-Zip: LONGWOOD FL 32779

Title D, /FINANCIAL ADVISOR
Name O'CONNELL, AARON
Address 335 N MAGNOLIA AVE

**APT 909** 

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: JULIE O'CONNELL

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/02/2015