

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007599

Entity Name: OUR SHEPHERDS CARE INC.

Current Principal Place of Business:

1415 DANIELS STREET
TALLAHASSEE, FL 32310

Current Mailing Address:

1415 DANIELS STREET
TALLAHASSEE, FL 32310

FEI Number: 82-3493965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, HORACE SR
1337 BLOSSOM CIRCLE
TALLAHASSEE, FL 32305 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SMITH, HORACE SR
Address 1337 BLOSSOM CIRCLE
City-State-Zip: TALLAHASSEE FL 32305

Title VP
Name SMITH, DOROTHY R
Address 1337 BLOSSOM CIRCLE
City-State-Zip: TALLAHASSEE FL 32305

Title T
Name BREWTON, KIM R
Address 1337 BLOSSOM CIRCLE
City-State-Zip: TALLAHASSEE FL 32305

Title T
Name SMITH, SABRINA D
Address 4419 LETO LAKES BLVD
City-State-Zip: TAMPA FL 33614

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: HORACE SMITH SR

EXECUTIVE DIRECTOR

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date