

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001429

**Entity Name:** OUR SHEPHERDS CARE INC

**Current Principal Place of Business:**

1415 DANIELS ST  
TALLAHASSEE, FL 32310

**Current Mailing Address:**

1415 DANIELS ST  
TALLAHASSEE, FL 32310

**FEI Number:** 59-3318399

**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 P  
Name SMITH, DOROTHY  
Address 1337 BLOSSOM CIRCLE  
City-State-Zip: TALLAHASSEE FL 32305

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

Title VP  
Name SMITH, SABRINA  
Address 2541 N DALE MABRY HWY, #111  
City-State-Zip: TAMPA FL 33607

*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:** SABRINA SMITH

**PREPARER**

**03/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date