

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N45750

**Entity Name:** SHEPHERD'S VILLAGE, INC.

**Current Principal Place of Business:**

1910 EAST BAY DRIVE  
LARGO, FL 33771

**Current Mailing Address:**

1910 EAST BAY DRIVE  
LARGO, FL 33771

**FEI Number:** 59-3096209

**Certificate of Status Desired:** No

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

PITCHON, SOL  
467 BRIDLE PATH WAY  
TARPON SPRINGS, FL 34688 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 PITCHON, SOL  
Address 467 BRIDLE PATH WAY  
City-State-Zip: TARPON SPRINGS FL 34688

Title DC  
Name PILKINGTON, DAVID  
Address 7295 SAVOY COURT  
City-State-Zip: SEMINOLE FL 33776

Title DT  
Name STUART, RODERICK  
Address 1539 RIDGEWOOD STREET  
City-State-Zip: CLEARWATER FL 33755

Title DS  
Name HUTH, MICHAEL  
Address 15305 WIND WHISPER DRIVE  
City-State-Zip: ODESSA FL 33556

Title D  
Name CHAPMAN, TOM  
Address 7675 HUNTER LANE  
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR  
Name KONRAD, WILLIAM  
Address 3614 TOWN AVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR, SECOND VICE CHAIR  
Name ARRINGTON, KATHY  
Address 2239 NW 82ND TERRACE  
City-State-Zip: BELL FL 32619

Title DIRECTOR  
Name SHIELDS, STEPHEN DR.  
Address 1211 REYNOLDS AVE SUITE B  
City-State-Zip: CLEARWATER FL 33756

**Continues on page 2**

*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:** SOL PITCHON

**PRESIDENT**

**09/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HIGGINS, HUGH ESQ.  
Address 3201 2ND STREET N  
City-State-Zip: ST. PETERSBURG FL 33704

Title DIRECTOR  
Name BATEMAN, LESLEY  
Address PO BOX 320341  
City-State-Zip: TAMPA FL 33679

Title DIRECTOR, VC  
Name GAYLORD, BLAKE ESQ.  
Address 3935 VENETIAN WAY  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR  
Name SCARBORO, JEANETTE  
Address 4841 SKY BLUE DRIVE  
City-State-Zip: LUTZ FL 33558