

2015 FLORIDA NOT FOR PROFIT CORPORATION 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: Yes

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

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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

04/23/2015

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
Name BEHLING, JEREMIAH
Address 14640 BELLAMY BROTHERS BLVD
City-State-Zip: DADE CITY FL 33525

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

Title DIRECTOR
Name SHIRLEY, JODY
Address 207 HARRISON AVE
City-State-Zip: BELLEAIR BEACH FL 33786