## 2016 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

FILED Apr 26, 2016

Secretary of State

CC7739371945

Officer/Director Detail:

Title P Title DC

NamePITCHON, SOLNamePILKINGTON, DAVIDAddress467 BRIDLE PATH WAYAddress7295 SAVOY COURTCity-State-Zip:TARPON SPRINGS FL 34688City-State-Zip:SEMINOLE FL 33776

Title DT Title D

Name STUART, RODERICK Name CHAPMAN, TOM

Address 1539 RIDGEWOOD STREET Address 9109 SILVERTHORN RD
City-State-Zip: CLEARWATER FL 33755 City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR Title DIRECTOR, SECOND VICE CHAIR

Name KONRAD, WILLIAM Name ARRINGTON, KATHY
Address 3614 TOWN AVE Address 2239 NW 82ND TERRACE

City-State-Zip: NEW PORT RICHEY FL 34655 City-State-Zip: BELL FL 32619

TitleDIRECTORTitleDIRECTOR, SECRETARYNameSHIELDS, STEPHEN DR.NameHIGGINS, HUGH ESQ.Address1211 REYNOLDS AVE SUITE BAddress3201 2ND STREET N

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: ST. PETERSBURG FL 33704

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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 04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

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

Title DIRECTOR

Name GILLS, HEATHER Address PO BOX 1608

City-State-Zip: TARPON SPRINGS FL 34688

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

Name GILLS, JAMES P DR.

Address PO BOX 1608

City-State-Zip: TARPON SPRINGS FL 34688