

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004544

Entity Name: SHEPHERD CENTER, INC.**Current Principal Place of Business:**2020 PEACHTREE ROAD, NW
ATLANTA, GA 30309**Current Mailing Address:**C/O URS COMPLIANCE
3675 CRESTWOOD PARKWAY, 350
DULUTH, GA 30096 US**FEI Number:** 51-0141601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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	CHAIRMAN
Name	SHEPHERD, JAMES H JR
Address	2020 PEACHTREE ROAD, NW
City-State-Zip:	ATLANTA GA 30309

Title	PRESIDENT, CEO
Name	MORRISON, SARAH
Address	2020 PEACHTREE ROAD, NW
City-State-Zip:	ATLANTA GA 30309

Title	TREASURER
Name	FOWLER, WILLIAM C
Address	2020 PEACHTREE ROAD, NW
City-State-Zip:	ATLANTA GA 30309

Title	VP
Name	THOMPSON, JAMES
Address	2020 PEACHTREE ROAD, NW
City-State-Zip:	ATLANTA GA 30309

Title	SECRETARY
Name	CHAPMAN, SARA
Address	2020 PEACHTREE RD., NW
City-State-Zip:	ATLANTA GA 30309

Title	DIR. OF DEV OPERATIONS
Name	MELCHER, DEAN
Address	2020 PEACHTREE ROAD, NW
City-State-Zip:	ATLANTA GA 30309

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: DEAN MELCHER**DIR OF DEV OPERATIONS 05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date