

2015 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 ARMS
3675 CRESTWOOD PARKWAY, 350
DULUTH, GA 30096**FEI Number:** 51-0141601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS,LLC
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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 | ULICNY, GARY |
| Address | 2020 PEACHTREE ROAD, NW |
| City-State-Zip: | ATLANTA GA 30309 |

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

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|-----------------|-------------------------|
| Title | VP |
| Name | SCHWALL, EMORY |
| Address | 2020 PEACHTREE ROAD, NW |
| City-State-Zip: | ATLANTA GA 30309 |

| | |
|-----------------|------------------------|
| Title | RSEC |
| Name | SHEPHERD, ALANA S |
| 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****05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date