## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Bortham

Secretary of State 7
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

728289

(0)

Mailing Address

GOOD SHEPHERD MINISTRIES, INC.

FILED Feb 13 1997 8:00am Secretary of State

		<b>  </b>       <b>  </b>	Didii Oloi: Idai

101 E. REDLAN SUITE 245 REDLANDS CA US		P. O. BOX 2300 REDLANDS CA 92373-07 US	r61	3. Date Incorporated or Qualified 3a. 01/18/1974	. Date of Last Report 02/02/1996				
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For				
21 945	Prosperity Pr.	26 PO Box 5	61038	59-2386681	Not Applicable				
Suite, Apt. 1	#, etc. /	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required					
City & State	cledge, Fb	City & State  Rocklede	e, Fb	Election Campaign Financing     Trust Fund Contribution	\$5,00 May Be Added to Fees				
Zip 24 <b>3295</b> .	5 25 Brevard	Zip 29 32454	Country 30 Breyare		□ No				
	<ol><li>Name and Address of Curren</li></ol>	l Registered Agent		10. Name and Address of New Register	red Agent				
308 CHI	CHARLES R. ENEY HWY. LLE FL 32780		81 Name 82 Street A 83	Wilda T. Dixon ddress (P.O. Box Number is Not Acceptable) 445 Prosperity	as Zip Code				
<b></b> ♠				Kockledge	-L 32985				
11. Pursuant to office or re agent. Lar	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named to the provisions of Sections 617.0502 and 617.0503, Florida Statutes.								
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NI	OTE: Registered Agent signature	required when reinstation) DA	TÉ ,				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS					
TITLE	D	<b>Z</b> DELETE	1.1 TITLE	President Board of Tru	Change Addition				
NAME	JOHNSON, FRED M.		1.2 NAME		31CC2				
STREET ADDRESS	101 E. REDLANDS BLVD., SU	JITE 245	1.3 STREET ADDRESS	Gerald Molitor 2450 Murfreesboro Rd					
CITY-ST-ZIP	REDLANDS CA		1.4 CITY-ST-ZIP						
THTLE	D	✓ DELETE	2.1 TITLE	Woodbury, TN 37190 Vice. Pres.	Change Addition				
NAME	SONNEVIK, MILTON		2.2 NAME	Donald Moreland					
STREET ADDRESS	10212 MANTLE CT.		2.3 STREET ADDRESS	4914 Gran Loc Ave.					
CITY-ST-ZIP	OKLAHOMA CITY OK		2. 4 CITY - ST - ZIP	Orlando, FL 32812					
TITLE	0	<b>DELETE</b>	3.1 TITLE	Sec/Treas.	Change  Addition				
NAME	BEAN, WILLIAM		3.2 NAME	Charles Turner					
STREET ADORESS	8272 ARCHIBALD RANCHO CUCAMONGA CA		3.3 STREET ADDRESS	3552 Betty Ford Rd.					
CITY-ST-ZIP TITLE	NATIONO COCAMONGA CA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Murfreesboro, TN 371	30 Change Addition				
NAME		En occur	4. 2 NAME		THE CHANGE CONTRACTOR				
STREET ADDRESS			4.3 STREET ADDRESS	<b>'</b>					
CITY - ST - ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	Wilde I. DINON - Direct	Change D Addition				
NAME			5.2 NAME	Wilda I. DiADA - Direct 945 Rospenty Ph. Rockledge, Fh. 32955	<del></del>				
STREET ADDRESS			5.3 STREET ADDRESS	Parkladae FW. B2985					
CITY-ST-ZIP			5.4 CITY - ST - ZIP	NOCKIEDGE, . W. STITE					
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition				
NAME			6.2 NAME	•					
STREET ADDRESS			6.3 STREET ADDRESS		· ·				
CITY-ST-ZIP			6.4 CITY - ST - ZIP						
	ou certify that the information supplie	d with this filing does not out	alify for the exemption st	ated in Section 119 07(3)(i). Florida Statutes, Lfu	other certify that the				

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119,07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Jan. 30, 1997

407-632-2407