

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90072 009 ****70.00

0020928

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728289

1. Corporation Name
GOOD SHEPHERD MINISTRIES, INC.

Principal Place of Business: 945 PROSPERITY ROAD, ROCKLEDGE FL 32955 US
 Mailing Address: PO BOX 561038, ROCKLEDGE FL 32956 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/18/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2386681	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIXON, WILDA L 945 PROSPERITY ROAD ROCKLEDGE FL 32955				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERALD MOLITOR			1.2 NAME			
STREET ADDRESS	124 RALEXI LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WOODBURY TN 37190			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALD MORELAND			2.2 NAME			
STREET ADDRESS	4914 GRAN LOC AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLES TURNER			3.2 NAME			
STREET ADDRESS	3552 BETTY FORD RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MURFREESBORO TN 37130			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILDA I. DIXON			4.2 NAME			
STREET ADDRESS	945 PROSPERITY PL.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKLEDGE FL 32955			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNGER, WILLIAM			5.2 NAME			
STREET ADDRESS	1160 HOLLAND ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935			5.4 CITY-ST-ZIP			
TITLE	MEM	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, SAMUEL			6.2 NAME			
STREET ADDRESS	471 BLUE LAGOON LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	N. FORT MYERS FL 33903			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Wilda I. Dixon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)