2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728289

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

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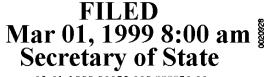
Zip

GOOD SHEPHERD MINISTRIES, INC.

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

9. Name and Address of Current Registered Agent

Country



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

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/18/1974

59-2386681

4. FEI Number

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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (NOTE: Registered Agent signature required when reinstating) DATE 11. TITLE P GERALD MOLITOR 12. NAME 13. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UPDONALD MORELAND DONALD MORELAND STREET ADDRESS 4914 GRAN LOC AVE. ORLANDO FL 32812 TITLE OCHange Add Change Change Add Change Add Change	_
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P NAME GERALD MOLITOR 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP WOODBURY TN 37190 1.4 CITY-ST-ZIP TITLE VP ORLANDO FL 32812 ORLANDO FL 32812	
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 NAME GERALD MOLITOR 1.2 NAME STREET ADDRESS 124 RALEXI LANE CITY-ST-ZIP WOODBURY TN 37190 1.4 CITY-ST-ZIP VP NAME DONALD MORELAND STREET ADDRESS 4914 GRAN LOC AVE. CITY-ST-ZIP ORLANDO FL 32812 2.4 CITY-ST-ZIP	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TITILE P DELETE 1.1 TITLE Change Add NAME GERALD MOLITOR 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE Change Add NAME DONALD MORELAND 22 NAME 22 NAME STREET ADDRESS 4914 GRAN LOC AVE. 2.3 STREET ADDRESS CITY-ST-ZIP CHANDO FL 32812 2.4 CITY-ST-ZIP CITY-ST	l a
TITLE	(11/98)
NAME GERALD MOLITOR 12 NAME 13 STREET ADDRESS 124 RALEXI LANE 13 STREET ADDRESS 14 CITY-ST-ZIP	on 🗀
STREET ADDRESS 124 RALEXI LANE	37
TITLE VP DELETE 2.1 TITLE Change Add NAME DONALD MORELAND 22 NAME <td< td=""><td>Π̈́</td></td<>	Π̈́
NAME DONALD MORELAND 22 NAME STREET ADDRESS 4914 GRAN LOC AVE. 23 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 2.4 CITY-ST-ZIP	S CR2E037
STREET ADDRESS 4914 GRAN LOC AVE. 2.3 STREET ADDRESS	on O
CITY-ST-ZIP ORLANDO FL 32812 2.4 CITY-ST-ZIP	
50. 51	
DELETE AATTE	<u>.</u>
TITLE ST DELETE 3.1 TITLE Change CAC	ion
NAME CHARLES TURNER 32 NAME	
STREET ADDRESS 3552 BETTY FORD RD. 3.3 STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP MURFREESBORO TN 37130 3.4. CITY-ST-ZIP	
TITLE D DELETE 4.1 TITLE Change Add	ion
NAME WILDA I. DIXON 4.2 NAME	ŀ
STREET ADDRESS 945 PROSPERITY PL. 4.3 STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP ROCKLEDGE FL 32955 44 CITY-ST-ZIP	
TITLE D DELETE 5.1 TITLE Change Add	on)
NAME YOUNGER, WILLIAM 52.NAME	
STREET ADDRESS 1160 HOLLAND ST. 5.3 STREET ADDRESS	'
CITY-ST-ZIP MELBOURNE FL 32935 5.4 CITY-ST-ZIP	
TITLE MEM DELETE 6.1 TITLE	on
NAME FARRELL, SAMUEL 62 NAME	
STREET ADDRESS 471 BLUE LAGOON LANE 6.3 STREET ADDRESS	
N. FORT MYERS FL 33903 64 CITY-ST-ZIP 14 Learning and 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	1

Country

81 Name

30

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I under 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 Frida