

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728289

1. Entity Name

GOOD SHEPHERD MINISTRIES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90203 001 ****61.25
 05-23-2000 90203 002 ****8.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 945 PROSPERITY ROAD ROCKLEDGE FL 32955 US	Mailing Address PO BOX 561038 ROCKLEDGE FL 32956-1038 US
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2. Principal Place of Business 1160 HOLLAND ST	3. Mailing Address P.O. Box 360963
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE, FL	City & State MELBOURNE, FL	4. FEI Number 59-2386681	Applied For Not Applicable
Zip 32935	Country	Zip 32936-0963	Country

6. Name and Address of Current Registered Agent DIXON, WILDA E 945 PROSPERITY ROAD ROCKLEDGE FL 32955	7. Name and Address of New Registered Agent Name WILLIAM S. YOUNGER Street Address (P.O. Box Number is Not Acceptable) 1160 HOLLAND ST City MELBOURNE FL Zip Code 32935
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8. 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.

William S. Younger

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERALD MOLITOR 124 RALEXI LANE WOODBURY TN 37190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALD MORELAND 4914 GRAN LOC AVE. ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDY ALONZO 360 TUCKER LN COCOA, FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHARLES TURNER 3552 BETTY FORD RD. MURFREESBORO TN 37130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOEL A. HENDRIX 1100 GLENHAM DR PALM BAY, FL 32905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDA I. DIXON 945 PROSPERITY PL. ROCKLEDGE FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EMERITUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGER, WILLIAM 1160 HOLLAND ST. MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William S. Younger* DATE: 4/5/00 DAYTIME PHONE #: (321) 708-7798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)