

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739554 (4)

1. Corporation Name

THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.



Principal Place of Business

RT. 1 BOX 246M
WAUCHULA FL 33873

Mailing Address

RT. 1 BOX 246M
WAUCHULA FL 33873

3. Date Incorporated or Qualified
07/05/1977

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

MARTINEZ, JUAN
RT. 1, BOX 246M
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81

Name

CORTES, RAMIRO BACA

82

Street Address (P.O. Box Number is Not Acceptable)

Rt. 1 Box 3F

83

Hardoe Street

84

City

Bowling Green

FL

FL

85 Zip Code

33834

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.

X SIGNATURE

Ramiro B. Baca

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, JUAN	
STREET ADDRESS	RT. 1, BOX 246M	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, JUAN	
STREET ADDRESS	RT. 1 BOX 246M	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, JOHNNY	
STREET ADDRESS	309 MAPLE AVE.,	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANTONIO	
STREET ADDRESS	222 HANCOCK AVENUE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, AGUSTIN	
STREET ADDRESS	222 HANCOCK AVENUE	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORTES, RAMIRO BACA	
1.3 STREET ADDRESS	Rt. 1 Box 3F	
1.4 CITY-ST-ZIP	Bowling Green, FL 33844	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINEZ, AGUSTIN	
2.3 STREET ADDRESS	222 Hancock Avenue	
2.4 CITY-ST-ZIP	Bowling Green FL 33834	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARTINEZ, REV. JUAN	
5.3 STREET ADDRESS	Rt. 1 Box 246M	
5.4 CITY-ST-ZIP	Wauchula FL 33834	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

X SIGNATURE:

Ramiro B. Baca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (941) 773-3618

Day

Daytime Phone #

CR2E037 (12/95)