


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name 739554 THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD" INC.			
Principal Place of Business Dixiana Drive Bowling Green, FL 33834		Mailing Address P. O. Box 622 Bowling Green, FL 33834	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/05/1977	3a. Date of Last Report NOT APPLICABLE
9. Name and Address of Current Registered Agent CORTES, RAMIRO BACA Rt. 1 Box 3F Hardee Street, Bowling Green, FL 33834		10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <u>Ramiro Baca Cortes, PD</u> 5/27/97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME CORTES, RAMIRO BACA STREET ADDRESS Rt. 1 Box 3F Bowling Green, FL CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition N/A	
TITLE TD NAME MARTINEZ, AGUSTIN STREET ADDRESS 222 Hancock Ave. CITY-ST-ZIP Bowling Greene, FL 33834	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition N/A	
TITLE SD NAME MARTINEZ, JOHNNY STREET ADDRESS 309 Maple Ave. CITY-ST-ZIP Bowling Greene, FL 33834	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition N/A	
TITLE VPD NAME MARTINEZ, ANTONIO STREET ADDRESS 222 Hancock Ave. CITY-ST-ZIP Bowling Green, FL 33834	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition N/A 8000002207788 -06/10/97--01076--014 ***61.25	
TITLE TD NAME MARTINEZ, REV. JUAN STREET ADDRESS Rt. 1 Box 246M CITY-ST-ZIP Wauchula, FL 33873	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition N/A	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition N/A	

14. I do 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.

SIGNATURE: Antonio Martinez **ANTONIO MARTINEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 **(941) 375-3411**
Date Daytime Phone

CR2E037 (9/96)