

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739554 (4)

1. Corporation Name

THE CHURCH OF THE LIVING GOD, THE GOOD SHEPPARD  
\*, INC.



Principal Place of Business DOXEANA DRIVE BOWLING GREEN FL 33834		Mailing Address P. O. BOX 622 BOWLING GREEN FL 33834		3. Date Incorporated or Qualified 07/05/1977	
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		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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 JUAN MARTINEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1245 CONROY LANE 83 HARDEE CO. 84 City Wauchula, FL 85 Zip Code 33873	
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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 Juan P. Martinez JUAN P. MARTINEZ DATE 4/1/98

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 CITY-ST-ZIP BOWLING GREEN FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME CORTES, RAMIRO BACA 1.3 STREET ADDRESS 715 DOCKOIL RD 1.4 CITY-ST-ZIP BOWLING GREEN, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MARTINEZ, AGUSTIN STREET ADDRESS 222 HANCOCK AVENUE CITY-ST-ZIP BOWLING GREEN FL	<input type="checkbox"/> DELETE	2.1 TITLE TD 2.2 NAME MARTINEZ, AGUSTIN 2.3 STREET ADDRESS 253 GLADES RD 2.4 CITY-ST-ZIP BOWLING GREEN, FL 33834	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MARTINEZ, JOHNNY STREET ADDRESS 309 MAPLE AVE., CITY-ST-ZIP BOWLING GREEN FL	<input type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME MARTINEZ, JOHNNY 3.3 STREET ADDRESS 4424 MAPLE AVE 3.4 CITY-ST-ZIP BOWLING GREEN, FL 33834	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME MARTINEZ, ANTONIO STREET ADDRESS 222 HANCOCK AVENUE CITY-ST-ZIP BOWLING GREEN FL 33834	<input type="checkbox"/> DELETE	4.1 TITLE VPD 4.2 NAME MARTINEZ, Antonio 4.3 STREET ADDRESS 242 GLADES RD 4.4 CITY-ST-ZIP BOWLING GREEN, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME MARTINEZ, JUAN REV. STREET ADDRESS RT 1, BOX 246M CITY-ST-ZIP WAUCHULA FL	<input type="checkbox"/> DELETE	5.1 TITLE TD 5.2 NAME MARTINEZ, JUAN REV. 5.3 STREET ADDRESS 1245 CONROY LN 5.4 CITY-ST-ZIP WAUCHULA, FL 33873	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Juan P. Martinez JUAN P. MARTINEZ 4/1/98 (941) 375-4648

CR2E037 (10/97)