

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90024 041 \*\*\*\*70.00

**DOCUMENT # 739554**  
 1. Entity Name  
**THE CHURCH OF THE LIVING GOD, "THE GOOD SHEPPARD", INC.**



Principal Place of Business      Mailing Address  
 105 DIXIANA DRIVE      P. O. BOX 622  
 BOWLING GREEN FL 33834      BOWLING GREEN FL 33834



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

4. FEI Number      Applied For  
**NO-T APPLICABLE**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARTINEZ, JOSE A**  
**242 GLADES ST**  
**BOWLING GREEN FL 33834**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jose A martinez*      *Jose A martinez*      *3/13/2006*  
Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORTES, RAMIRO BACA	
STREET ADDRESS	715 DOCCOIL RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINEZ, AGUSTIN	
STREET ADDRESS	253 GLADES RD	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOHNNY	
STREET ADDRESS	4716 CHURCH AVE	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOSE A	
STREET ADDRESS	242 GLADES ST	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Jose A martinez*      *Jose A martinez*      *3/13/2006*  
Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

863-375-2145